



ADVANCING SEXUAL & GENDER MINORITY HEALTH RESEARCH AT NIH & BEYOND

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(Pronouns: She, Her)

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National Institutes of Health

July 27, 2022

Acknowledgements

Sexual & Gender Minority Research Office (SGMRO)



Irene
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(She, Her, Ella)



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Barnhart PhD
(He, Him)



Willow,
MSW
(They, Them)



Shyam
Patel
(He, Him)



Anthony
Anderson
(He, Him)



Sara
Omar, PhD
(She, Her)



Nicole
Kazi, MA
(She, Her)



Christina
Dragon, MSPH
(She, Her)

Overview of Presentation

1. Background
2. Sexual & Gender Minority Research Office
3. NIH SGM Research Strategic Plan
4. NIH SGM Grants Portfolio FY 2021




BACKGROUND




NIH Definition of SGM

“Sexual and gender minority (SGM) populations include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, two-spirit, queer, and/or intersex. Individuals with same-sex or -gender attractions or behaviors and those with a difference in sex development are also included. These populations also encompass those who do not self-identify with one of these terms but whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs of sexual orientation, gender, and/or sex.”



SGM as a Health Disparity Population

- In October 2016, NIMHD announced SGM as an officially designated health disparity population for NIH
 - This designation has since facilitated the creation of tailored research projects, programs, and activities intended to tackle the distinct issues encountered by SGM individuals
 - SGM populations are automatically included in all health disparities related FOAs, initiatives, and programs
- 

SEXUAL & GENDER MINORITY RESEARCH OFFICE





SGMRO – What We Do

- **Coordinate** sexual and gender minority (SGM) health research activities across NIH
- **Represent** NIH at conferences and events focused on SGM research
- **Serve** as a resource for the extramural and NIH communities about SGM-related research activities
- **Connect** extramural researchers with key NIH contacts
- **Convene** conferences and workshops to inform priority-setting and research activities
- **Collaborate** with NIH Institutes and Centers on the development of SGM health research reports
- **Lead** implementation of the NIH SGM Strategic Plan
- **Leverage** resources and develop initiatives to support SGM health research

SEXUAL & GENDER MINORITY RESEARCH STRATEGIC PLAN





Second NIH SGM Research Strategic Plan

- Focuses on FY 2021 - FY 2025
- Includes activities across the agency (not just the SGMRO)
- Serves as a blueprint for SGMRO priorities and collaborations



Operational Strategic Goal Areas



Operational Goal 1: Advance rigorous research on the health of SGM populations in both the extramural and intramural research communities



Operational Goal 2: Expand SGM health research by fostering partnerships and collaborations with a strategic array of internal and external stakeholders

Operational Strategic Goal Areas



Operational Goal 3: Foster a highly skilled and diverse workforce in SGM health research



Operational Goal 4: Encourage data collection related to SGM populations in research and the health research workforce

Examples of Current SGM-related Initiatives

Operational Goal 1

- Scientific workshops to identify research opportunities and gaps (e.g., Violence, Bisexual Health)
- SGM Administrative Supplements Program
- Inclusion of SGM populations in agency FOAs

Operational Goal 2

- Collaborations with other Federal agencies
- Partnerships with agency stakeholders for the UNITE Initiative to address systemic racism
- Participation in White House and interagency working groups to advance inclusion of SGM populations

Operational Goal 3

- Grantspersonship presentations
- NIH SGM Health Research Scientific Interest Group
- Culturally Competent Gender-related Communications Resource

Operational Goal 4

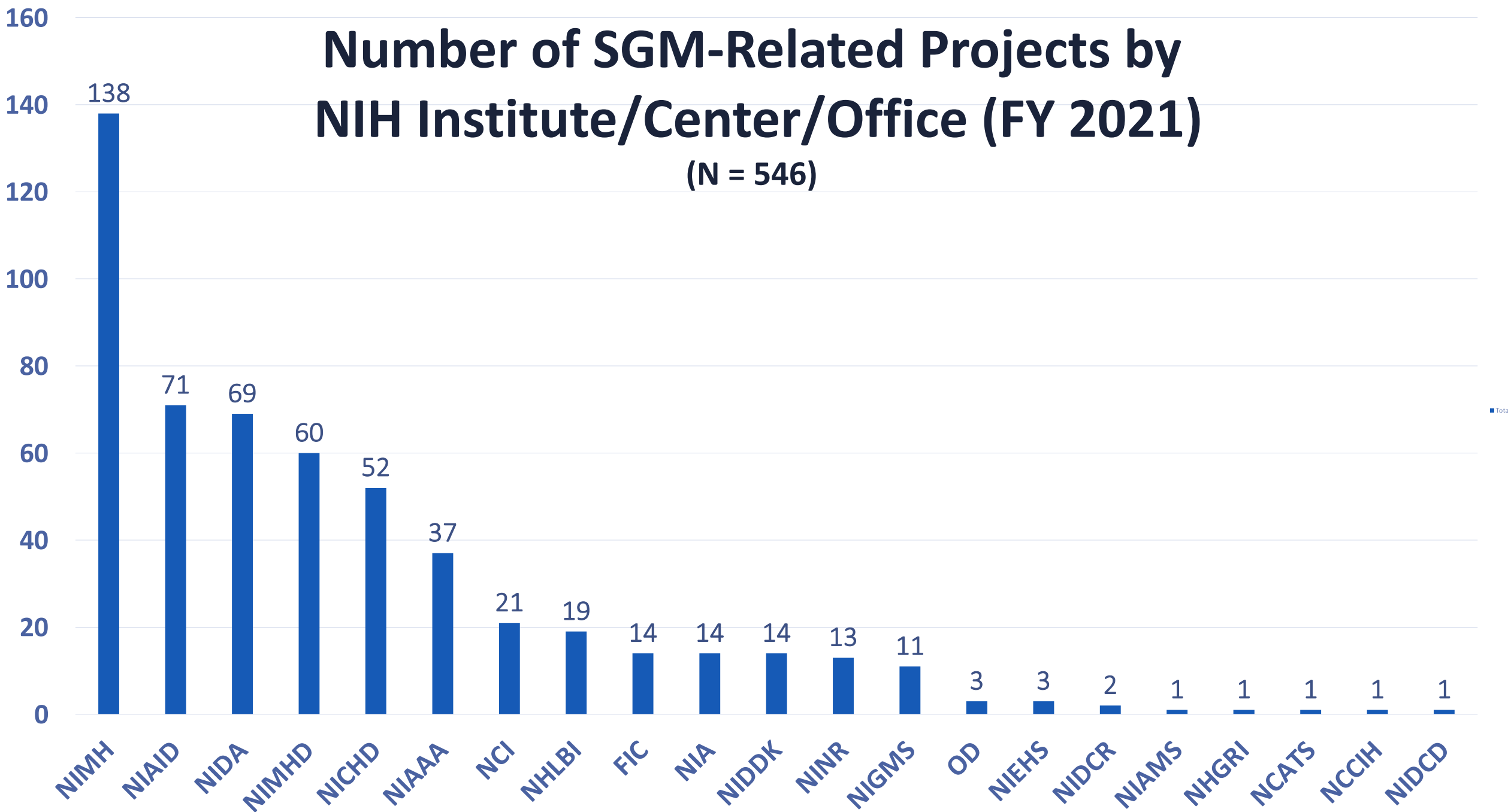
- Administrative data collection at NIH
- NASEM Report on *Measuring Sex, Sexual Orientation, and Gender Identity*
- FCSM Measuring Sexual Orientation and Gender Identity Research Group

NIH SGM GRANTS PORTFOLIO FY 2021



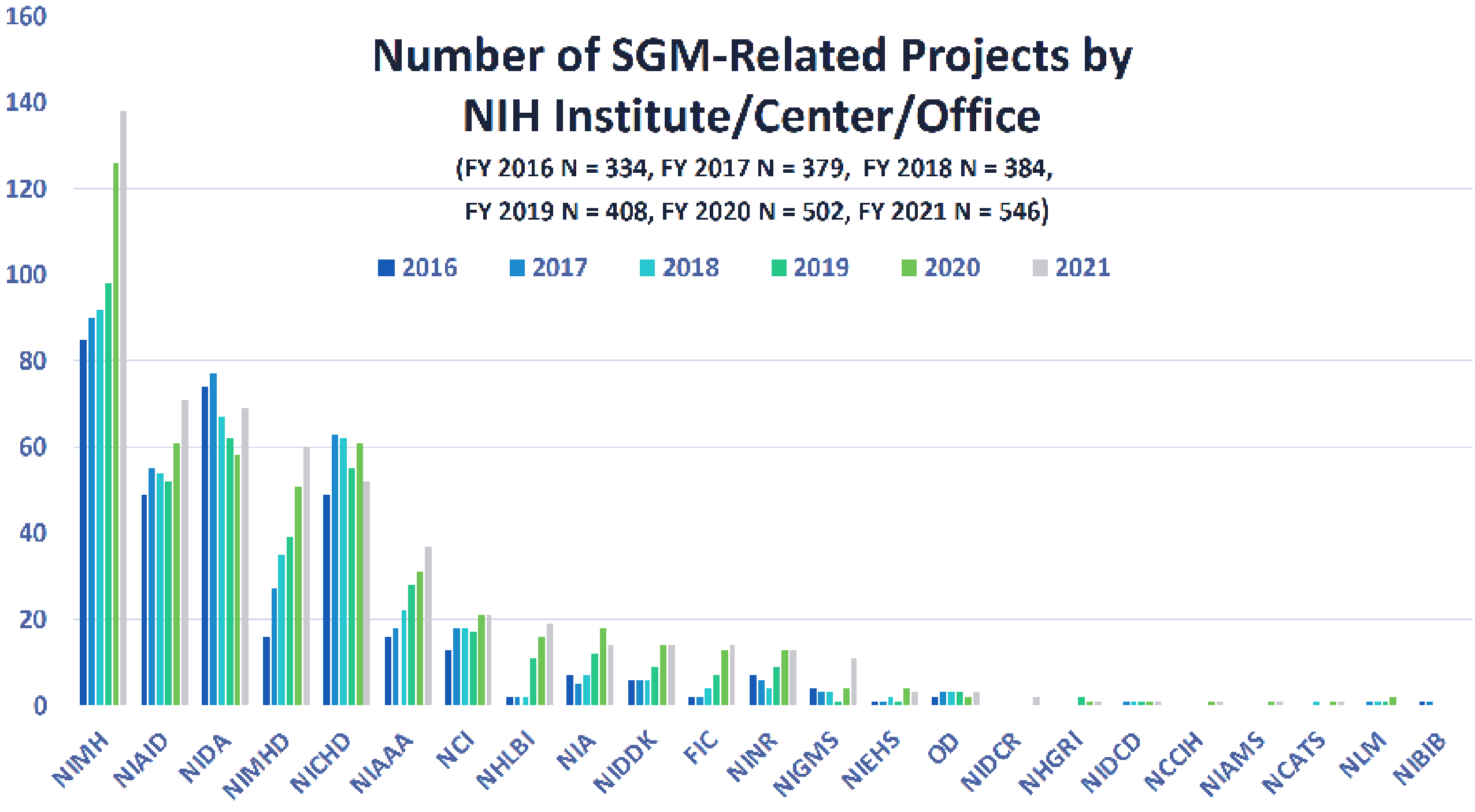
Number of SGM-Related Projects by NIH Institute/Center/Office (FY 2021)

(N = 546)



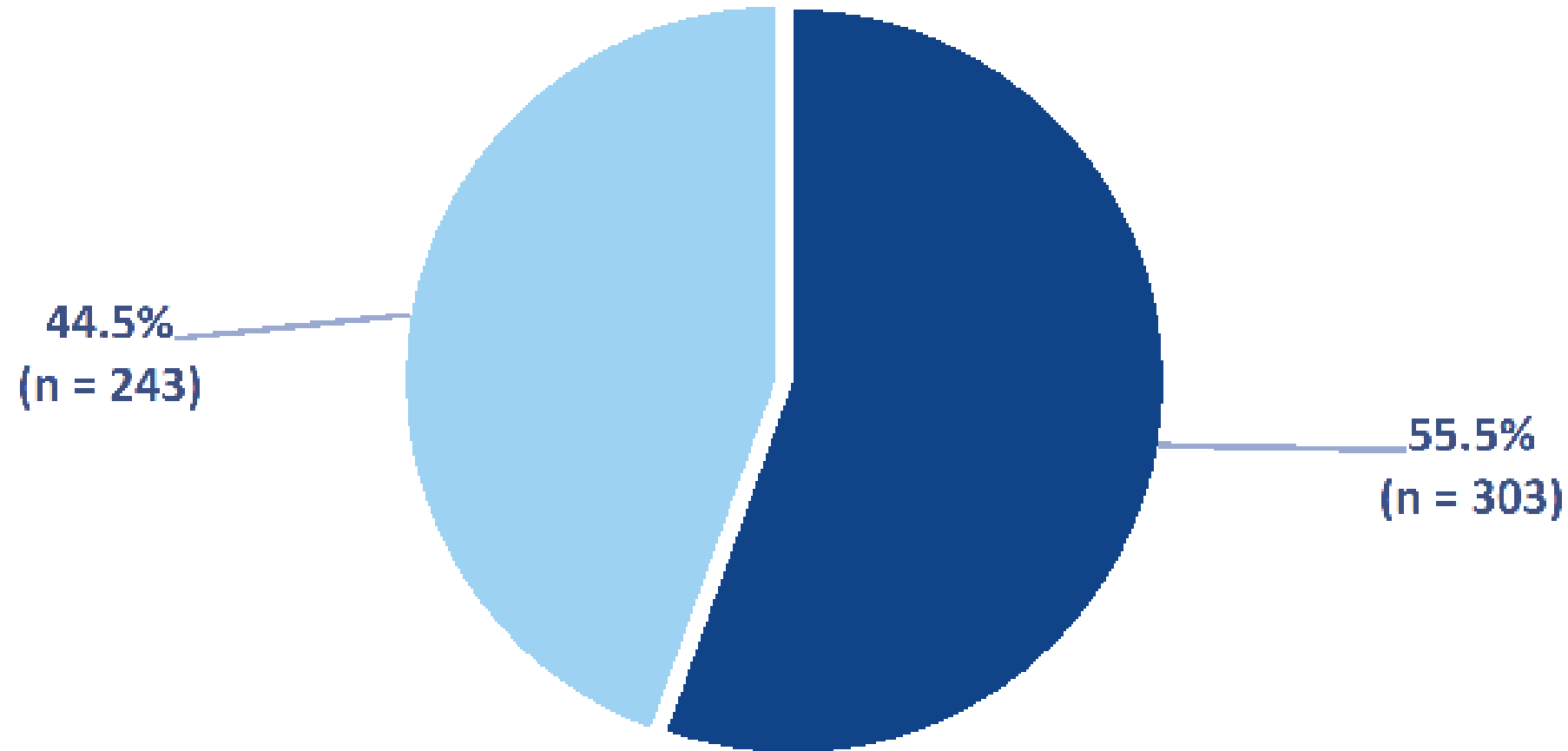
Number of SGM-Related Projects by NIH Institute/Center/Office

(FY 2016 N = 334, FY 2017 N = 379, FY 2018 N = 384,
FY 2019 N = 408, FY 2020 N = 502, FY 2021 N = 546)



Comparison of Non-HIV/AIDS and HIV/AIDS Related SGM-Related Projects (FY 2021)

(N = 546)

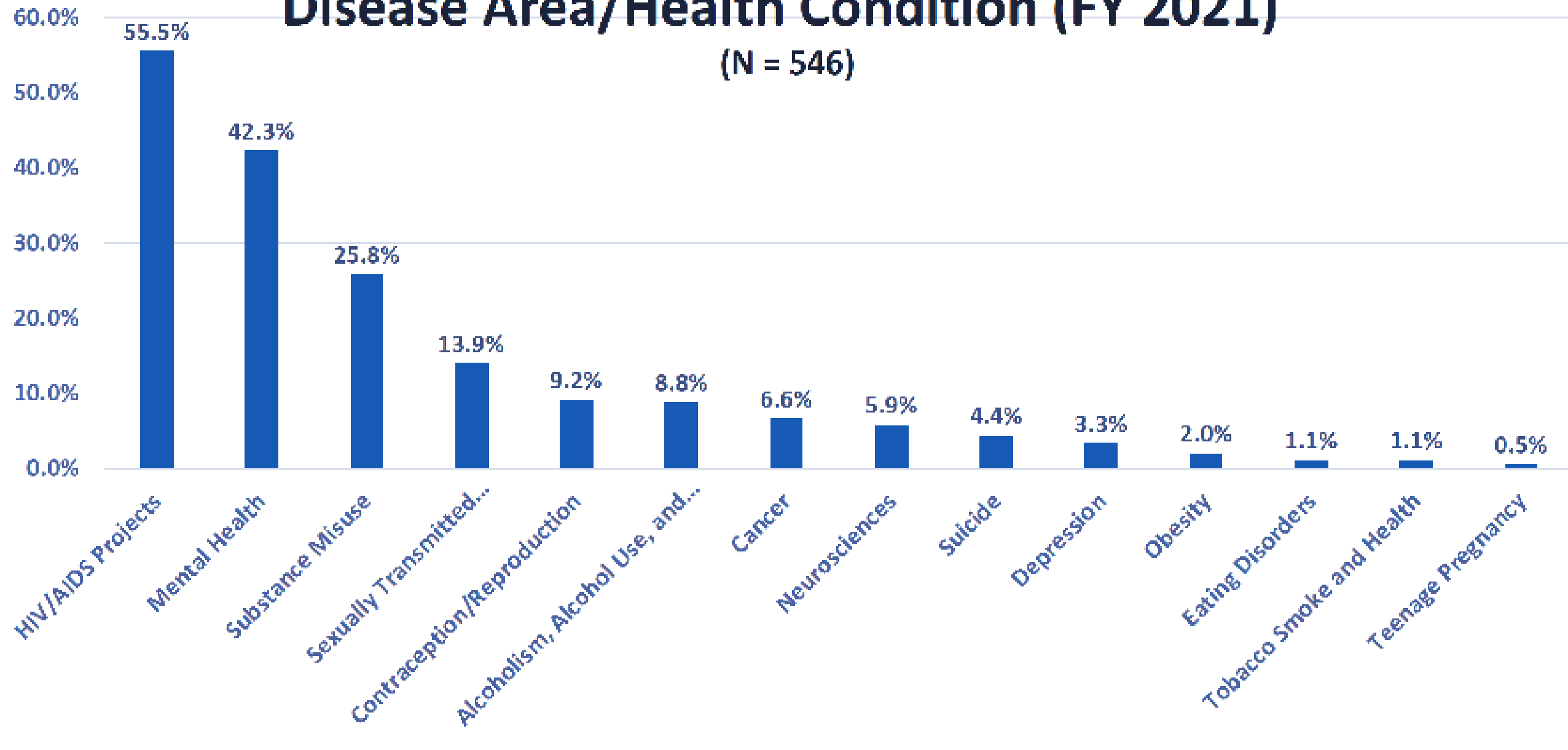


■ HIV/AIDS Projects

■ Non HIV/AIDS Projects

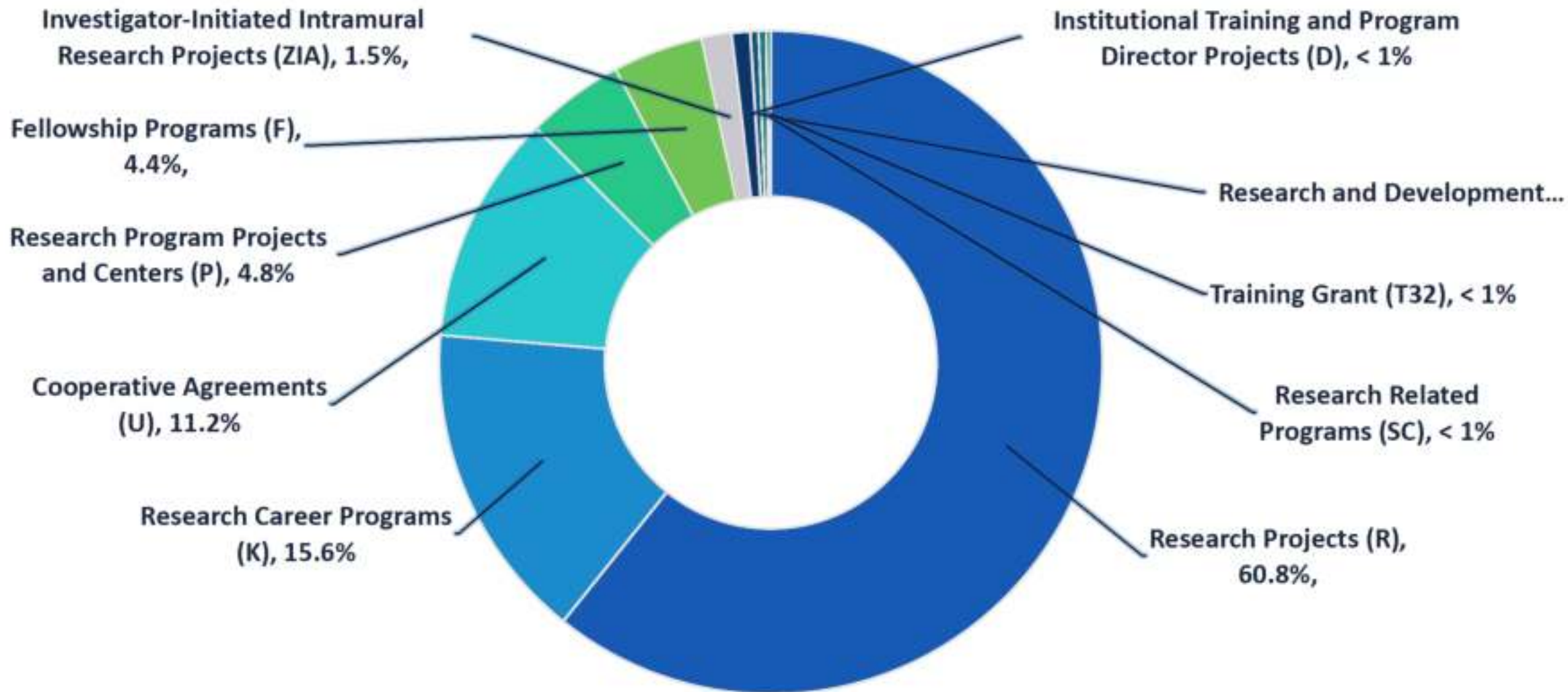
Proportion of SGM Projects by Disease Area/Health Condition (FY 2021)

(N = 546)



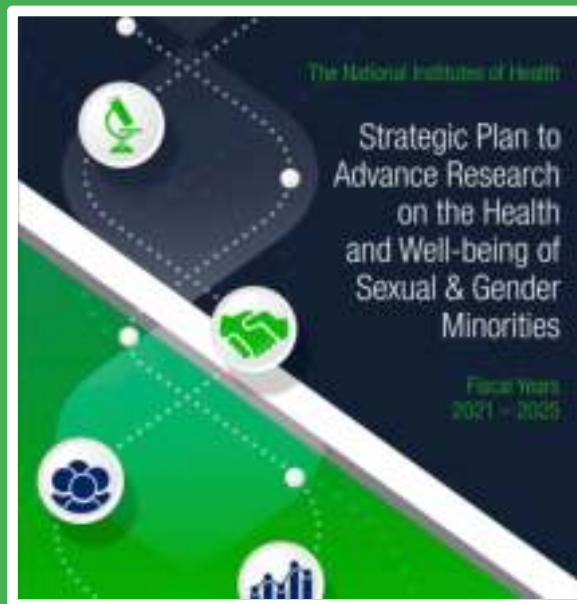
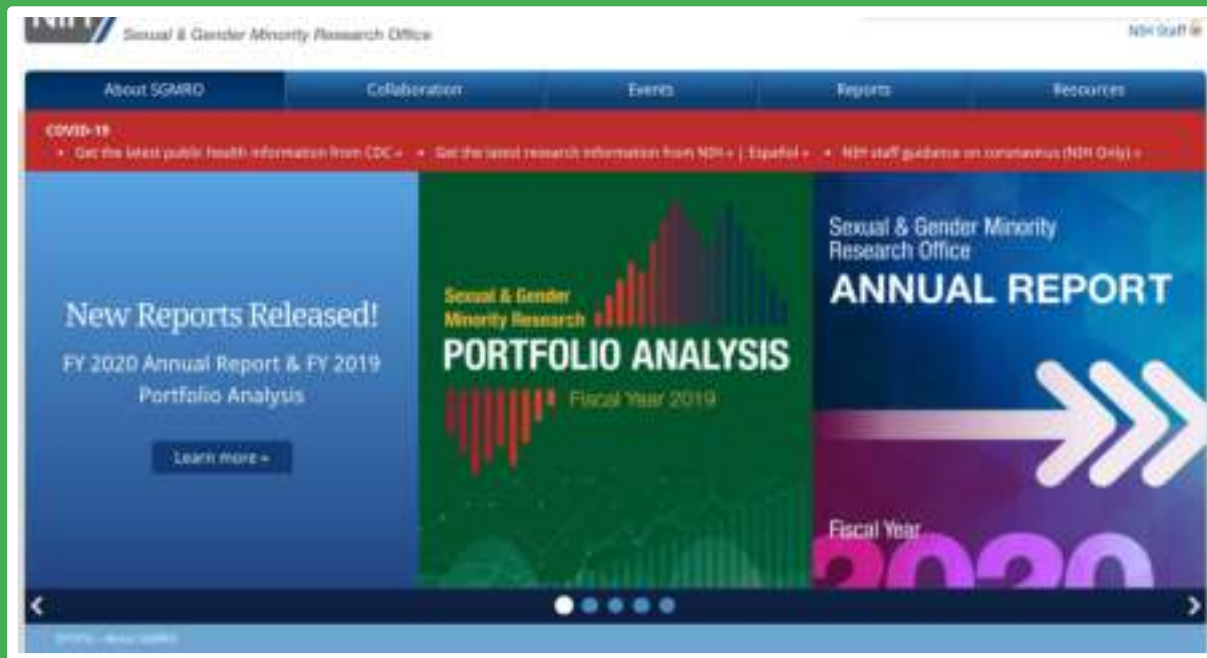
Proportion of SGM-Related Projects by NIH Grant Type (FY 2021)

(N = 546)



FY 2021 Portfolio Analysis Key Takeaways

- 81.4% increase in the number of funded SGM-related projects from FY 2015 to FY 2021
- The total number of Non-HIV/AIDS projects reached its highest level in FY 2021
- 303.8% increase in the number of non-HIV/AIDS funded SGM-related projects from FY 2015 to FY 2021
- 21 NIH ICOs funded SGM health-related research in FY 2021
- 89.8% increase in the number of training and career-related awards from FY 2015 to FY 2020



Connect with Us



Office E-mail:
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Website:
<https://dpcpsi.nih.gov/sgmro>

Sign-up for NIH SGM Listserv:
<https://tinyurl.com/NIHSGMLIST>

NIH Grantspersonship Overview and Resources for Trainees

Susannah Allison, PhD

Training Director

Division of AIDS Research

National Institute of Mental Health

Sexual & Gender Minority Health Research
Regional Workshop

July 28, 2022



National Institute
of Mental Health

Outline

- Overview of NIH
- Developing a Study Concept and Communicating with NIH Program Officers
- Moving from Concept to Application
- NIH Scientific Review Process
- Q&A/Discussion



Take home points



✓ Contact Program Staff early!

- ✓ Review Institute/Center priorities and goals ... *each has different research training and career development programs*
- ✓ Identify the specific grant programs offered by each Institute/Center
- ✓ Learn the NIH application and review process
- ✓ Make early contact with program officers
- ✓ Find innovative, well-respected mentors and collaborators
- ✓ Study successful grant applications



Overview of NIH

National Institutes of Health

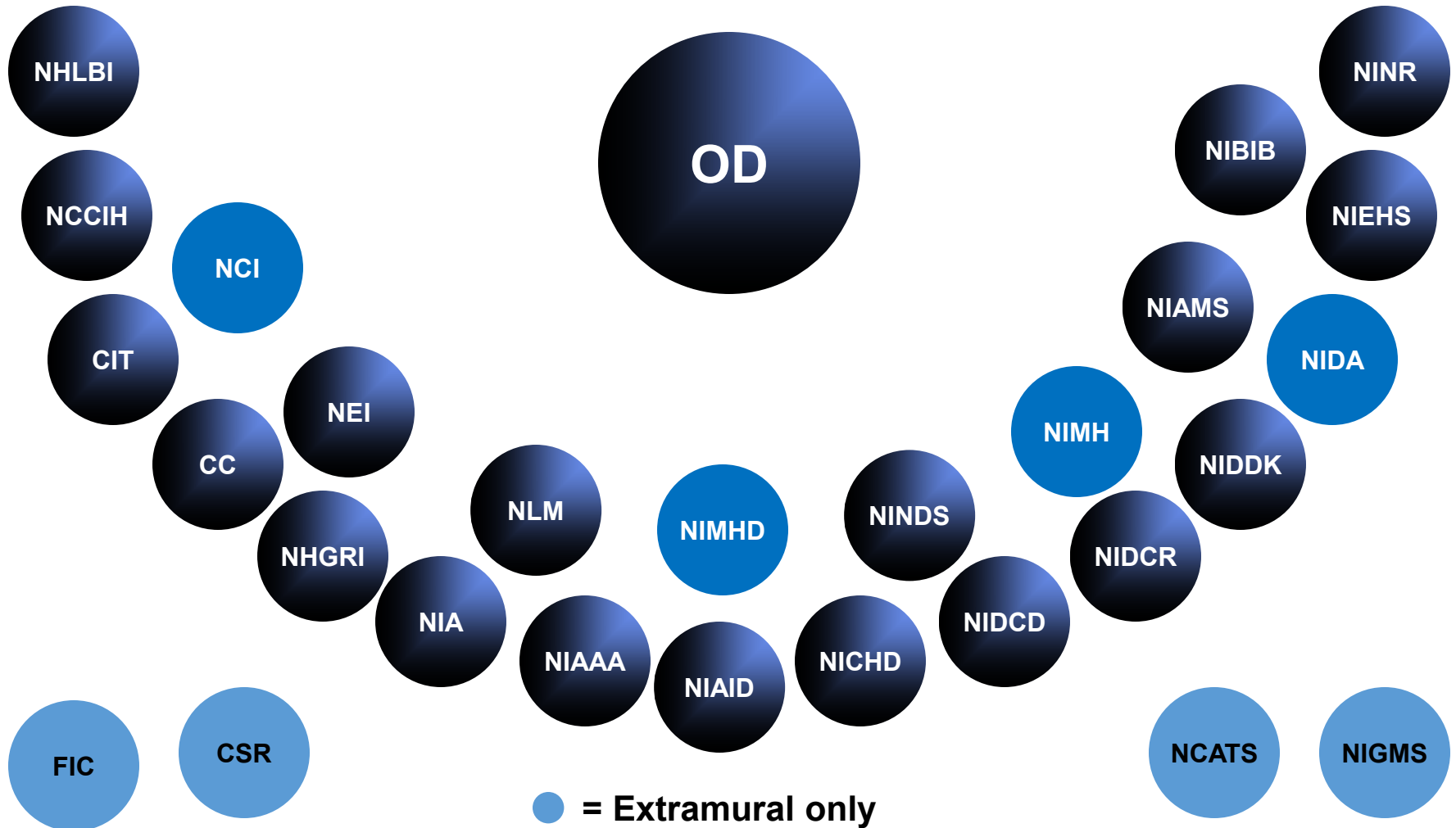
Mission

NIH's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability

- Conducting research in NIH laboratories (**intramural**)
- Supporting research in research institutions globally (**extramural**)



NIH consists of 27 Institutes and Centers





Developing a Study Concept and Communication with NIH Program Officers

The Applicant's Mantra



***“I will always consult with a
NIH Program Official before submitting a
grant proposal.”***

Finding Funding Opportunities

The image is a screenshot of the NIH Grants & Funding website. At the top, the NIH logo is followed by the text 'GRANTS & FUNDING' and 'NIH Central Resource for Grants and Funding Information'. A search bar is located in the top right corner. Below the header is a navigation bar with links: HOME, ABOUT GRANTS, FUNDING, POLICY & COMPLIANCE, NEWS & EVENTS, and ABOUT OER. The main content area features a large banner for 'CORONAVIRUS DISEASE 2019 (COVID-19) Information for Grantees & Recipients' with a microscopic image of virus particles. A yellow arrow points from this banner down to the 'ABOUT GRANTS' section. To the right of the banner is a sidebar with links: How to Apply, Find Funding, Funded Research (RePORT), Open Mike Blog, and News. Below the banner are three columns of content: 'ABOUT GRANTS' (circled in green), 'POLICY & COMPLIANCE', and 'INFORMATION FOR...'. The 'ABOUT GRANTS' section lists links for Grants Process Overview, Get Started, How to Apply, Application Referral and Review, Pre-Award and Post-Award Processes, and Forms Library.

NIH GRANTS & FUNDING
NIH Central Resource for Grants and Funding Information

Search this Site
eRA | NIH Staff | Glossary | FAQs

HOME ABOUT GRANTS FUNDING POLICY & COMPLIANCE NEWS & EVENTS ABOUT OER

CORONAVIRUS DISEASE 2019 (COVID-19)

Information for Grantees & Recipients

Learn More >>

- How to Apply
- Find Funding
- Funded Research (RePORT)
- Open Mike Blog
- News

ABOUT GRANTS

Navigate the NIH grants process.

- Grants Process Overview
- Get Started
- How to Apply
- Application Referral and Review
- Pre-Award and Post-Award Processes
- Forms Library

POLICY & COMPLIANCE

Learn about obligations of your grant award.

- NIH Grants Policy Statement
- Notices of Policy Changes
- Compliance and Oversight
- Select Policy Topics

INFORMATION FOR...

Find key resources just for you.

- Researchers
- Research Administrators
- Reviewers
- Small Businesses
- Foreign Applicants
- Media and the Public
- NIH Staff

NIH Research Training Website

<https://researchtraining.nih.gov>

- Launched in 2015, one stop for funding opportunities
- Useful resource for trainees and early stage faculty
- Modifications and integration with new DBRW website in progress



You've found a FOA, now what?

Step 1: Read the FOA

- Components of Participating Organizations
- Title
- Activity Code
- Related Notices
- Companion Funding Opportunity
- Purpose
- Key Dates
- Funding Opportunity Description
- Award Information
- Eligibility Information
- Application and Submission Information
- Application Requirements Information
- Agency Contacts



You've found a FOA, now what?

Step 2: Write a concept

■ Be a “problem solver”

- Define a significant health problem and research gap
- Propose a study to address the problem/gap
- Position your study as one step on the path forward
- Underscore how this work advances the field

■ Write your concept

- Format: 1-2 pages; can be a draft of Specific Aims
- Why is the problem you're addressing important?
- How will you address this problem?



The Study Concept Note



- 1-3 pages
- Depends on your Program Official; ask what they want!
- At a minimum, include:
 - What is the public health problem you are addressing?
 - Why should the I/C care; what I/C priority are you addressing?
 - What is the scientific knowledge gap you aim to fill?
 - How will you go about filling it; what are your study aims?
 - What are your outcomes and mediators/targets?
 - How will your results be broadly applicable?

Concept Note Preparation

Key Question/issue

- What is the specific issue to be addressed in this study
- How is the specific problem/issue defined (reference)
- What is known about the specific issue to be addressed (reference)
- What are the important factors related to the problem as to its predictors, determinants, causes, consequences... (reference)
- What is not known about the issue in general and specifically in the context where you want to study it.
- Why is it important to study the issues (rationale)
- What would the study findings contribute to improving/reducing the issue (significance of the study)



Study objectives

- State the specific objectives of the study



Methods

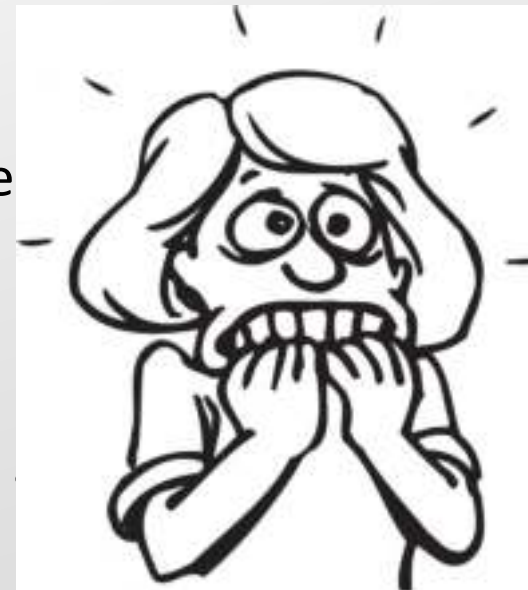
- Where would be the study be conducted? Why?
- Proposed Study design
- Study population
- Sample size (reference)
- Consider feasibility and cost of the study – take into account the time and resources necessary to conduct the study

At this point the title of the proposal is not so important- focus on the specific issue to be addressed

You've found a FOA, now what?

Step 3: Contact a Program Officer

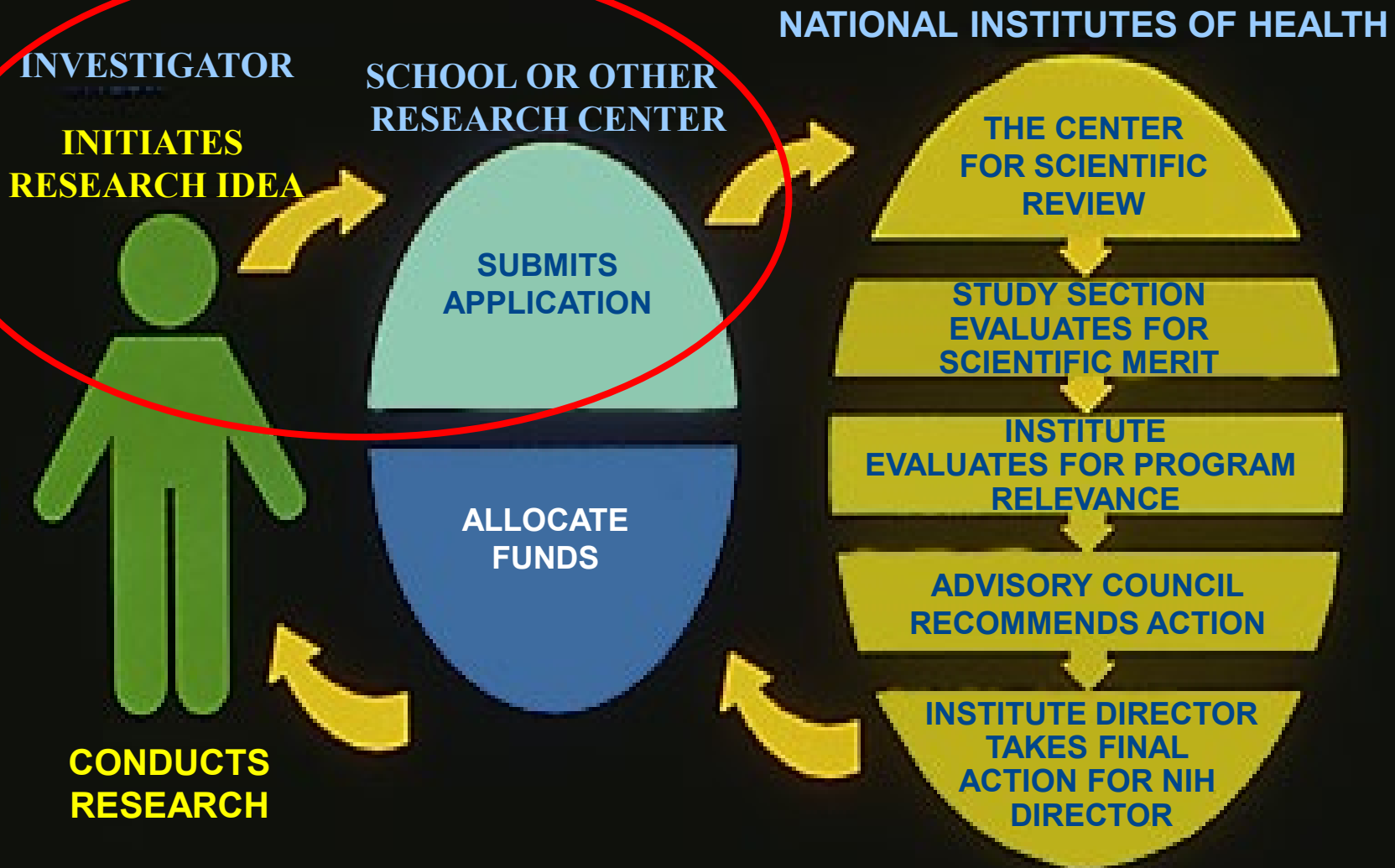
- **How do I know which Program Officer to contact?**
 - Look at the Scientific Contact on the FOA
 - Look at Institute websites for a listing of Program Officers and the types of research in their portfolios
 - Look in NIH RePORTER to identify Program Office on similar research projects using Matchmaker
- **Can I contact more than one Program Officer?** YES In the same IC? Yes but...
- **When should I contact a Program Officer?** When you have concept to share and before you have written the entire application
- **How should I reach out?** Email
- **What should I expect when I speak to a Program Officer?**



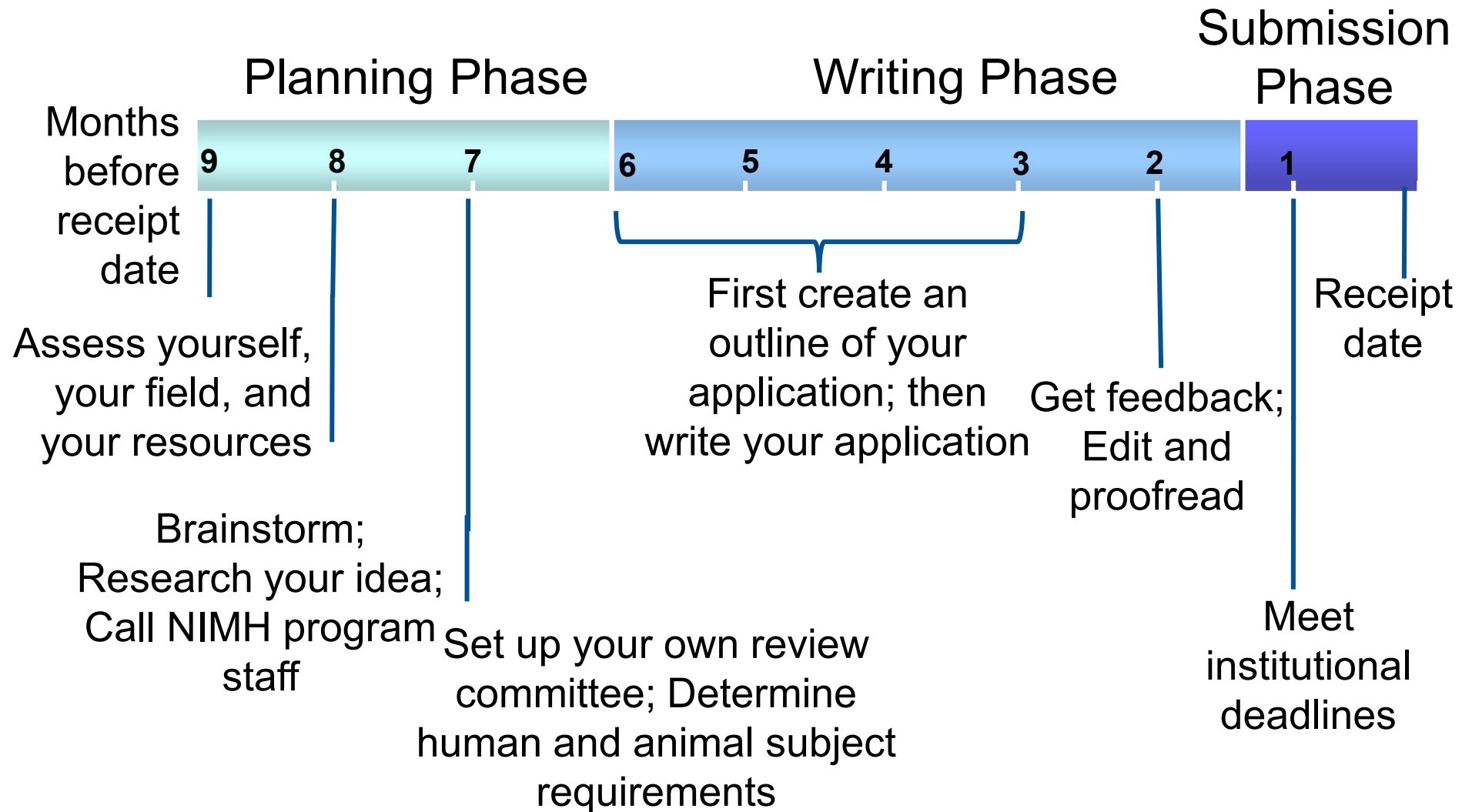
A light gray world map with white country borders serves as the background for the title text.

Moving from Study Concept to Application

HOW A RESEARCH GRANT IS MADE



Preparation Timeline



Sections of an NIH Application

- Specific Aims (1 page)
- Research Strategy (12 pages for most)
 - Significance
 - Innovation
 - Approach
- Timetable
- Clinical Trials forms
- Future Directions (optional)

Key Emphases...



Impact

Application must justify potential impact of proposed intervention on practice and public health in terms of:

- Magnitude of likely improvements in efficacy,
- Safety/tolerability,
- Value and efficiency, or
- Dissemination potential as compared to existing approaches.

Key Emphases...

Target Engagement / Mechanisms



Application must explicitly address whether the intervention engages mechanism presumed to underlie the intervention effects.

Why?

- To advance understanding of disease or behavior or service system and how to change them for the better
- To reconfirm whether change mechanisms found under controlled conditions work in the real world
- To help interpret trial results

How?

- With measures as direct and objective as possible

Writing a Grant

Avoid these common pitfalls

- Not significant or not new research
- Weak rationale
- Low impact research
- **Too ambitious**
- Unfocused aims
- **Career plan does not match research plan and/or is underdeveloped**
- Lacks methodological rigor
- Little feasibility or preliminary data
- Little consideration of mechanisms
- Few publications or collaborators
- Lack of institutional support

Source: <https://www.nimh.nih.gov/funding/grant-writing-and-application-process/common-mistakes-in-writing-applications.shtml>

NIH Definition of a Clinical Trial

*A research study in which one or more human subjects are **prospectively assigned** to one or more **interventions**² (which may include placebo or other control) to evaluate the effects of those interventions on **health-related biomedical or behavioral outcomes**³.*

**Check out the link below, to see definitions of the terms “prospectively assigned”, “interventions”, and “health-related biomedical or behavioral outcomes”.*



How will NIH Determine if an Application Proposes a Clinical Trial?

- Every application to NIH that has marked Yes to Human Subjects, (with no exemptions and no delayed onset), must address these 4 questions in the new Forms E:
 1. Does the study involve human participants?
 2. Are the participants **prospectively assigned** to an **intervention**?
 3. Is the study designed to evaluate the effect of the **intervention** on the participants?
 4. Is the effect being evaluated a **health-related biomedical or behavioral outcome**?
- If the Answer is **YES** to all four questions, the application is identified as a Clinical Trial

Writing Tips


- Tell a story . . .
 - Build your argument
 - Help reviewers care
- Punctuate key points
 - Write the Aims first....and Last.
 - You are writing a prose poem - use subheads/bold key sentences that structure the argument.
- Use a conceptual framework and model
 - Diagram cause-effect or temporal relations
 - Make the link between aims and products clear



Grant Writing Resources

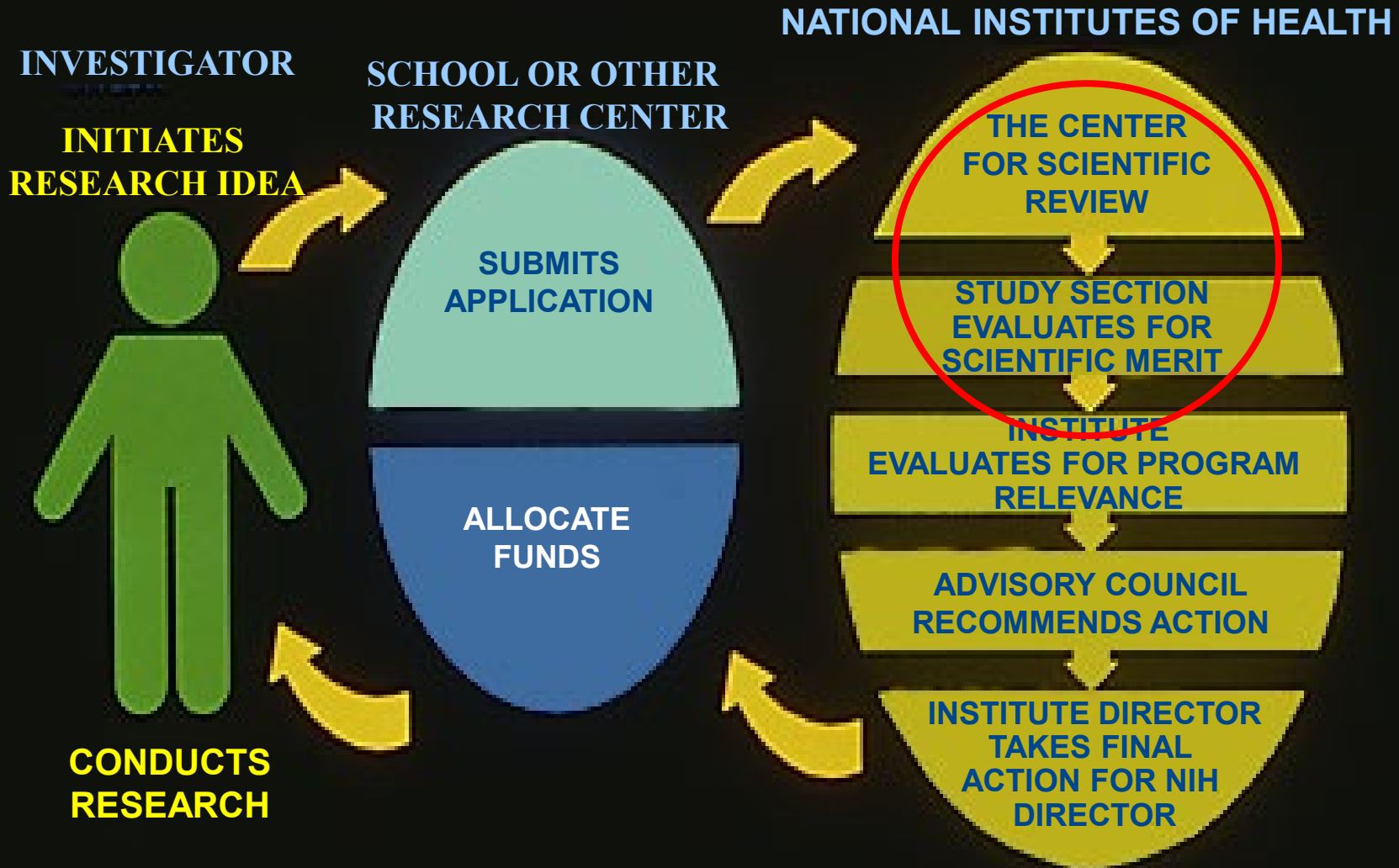
- ❖ NIH Grant Writing Tips Sheets – links to different Institute's websites on how to write a grant (grants.nih.gov/grants/grant_tips.htm)
- ❖ Preparing Grant Applications (deainfo.nci.nih.gov/extra/extdocs/apprep.htm)
- ❖ Grant Funding Process (www.niddk.nih.gov/research-funding/process)



A light gray world map with white outlines of continents and countries, serving as a background for the title text.

NIH Scientific Review Process

HOW A RESEARCH GRANT IS MADE



NIH Peer Review Revealed



- The **Center for Scientific Review (CSR)** handles most of the scientific reviews of applications at NIH
- Jumpstart Your Research Career with **CSR's Early Career Reviewer Program** ([Link for YouTube video](#))
- **NIH Grants 101 & Early Career Reviewer Program** ([Link to presentation](#))

See here for helpful videos on the NIH Peer Review Process
<https://public.csr.nih.gov/NewsAndPolicy/PeerReviewVideos>

Fellowship Application Review Criteria

Only the review criteria described below will be considered in the review process:

- Overall Impact
- Scored Review Criteria
 - Fellowship Applicant
 - Sponsors, Collaborators, and Consultants
 - Research Training Plan
 - Training Potential
 - Institutional Environment & Commitment to Training
- Additional Review Criteria
 - Protections for Human Subjects
 - Inclusion of Women, Minorities, & Children
 - Vertebrate Animals
 - Biohazards

Scoring Guide

Overall Impact:

The likelihood for a project to exert a sustained, powerful influence on research field(s) involved

Overall Impact	High	Medium	Low
Score	1 2 3	4 5 6	7 8 9

e.g. Applications are addressing a problem of high importance/interest in the field. May have some or no technical weaknesses.

e.g. Applications may be addressing a problem of high importance in the field, but weaknesses in the criteria bring down the overall impact to medium.

e.g. Applications may be addressing a problem of moderate importance in the field, with some or no technical weaknesses

e.g. Applications may be addressing a problem of moderate/high importance in the field, but weaknesses in the criteria bring down the overall impact to low.

e.g. Applications may be addressing a problem of low or no importance in the field, with some or no technical weaknesses.

5 is a good medium-impact application, and the entire scale (1-9) should always be considered.

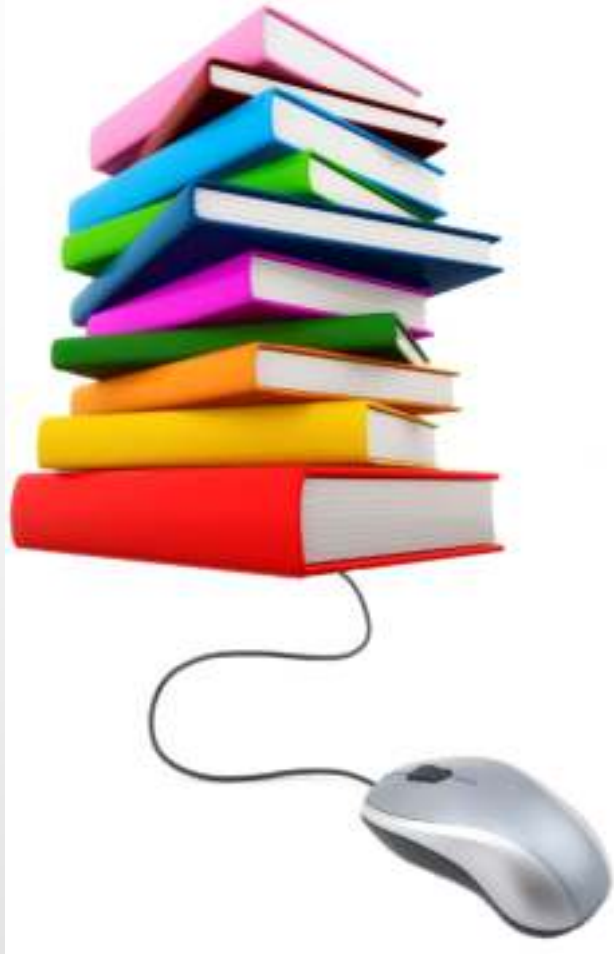
Evaluating Overall Impact:

Consider the 5 criteria: significance, investigator, innovation, approach, environment (weighted based on reviewer's judgment) and other score influences (e.g. human subjects)



Q&A/Discussion

Additional Resources: e-newsletters



- NIH Grants Policy
 - <https://grants.nih.gov/policy/index.htm>
- NIH Electronic Submission
 - <https://era.nih.gov/>
- Sign up for Inside NIMH
 - Funding news for current and future NIMH awardees
 - Visit the Inside NIMH subscription page: <https://www.nimh.nih.gov/news/e-mail-newsletters/index.shtml>

NIH Research Portfolio Online Reporting Tools (RePORT)



The screenshot shows the NIH Research Portfolio Online Reporting Tools (RePORT) website. The browser's address bar displays the URL <https://report.nih.gov/index.aspx>. The page features a blue header with the NIH logo and the text "Research Portfolio Online Reporting Tools (RePORT)". A search bar is located in the top right corner. Below the header, a navigation menu includes links for HOME, ABOUT RePORT, FAQs, GLOSSARY, and CONTACT US. A secondary menu lists QUICK LINKS, RESEARCH, ORGANIZATIONS, WORKFORCE, FUNDING, REPORTS, and LINKS & DATA. The main content area is titled "RePORT TUTORIALS" and includes a breadcrumb trail: Home > About RePORT > RePORT Tutorials. A large play button icon is next to the "RePORT Tutorials" heading. Below this, a list of nine tutorials is displayed, each with a link and a corresponding icon (document or play button):

1. [RePORT Home Page](#) (document icon)
2. [NIH Data Book](#) (document icon)
3. [RePORT - Funding Facts](#) (document icon)
4. [RePORT - Awards by Location](#) (document icon)
5. [RePORT - Report Catalog](#) (document icon)
6. [My RePORTER](#) (document icon)
7. [How to use RePORTER when preparing new grant applications](#) (play button icon)
8. [Funding Facts](#) (play button icon)
9. [Discovering NIH RePORT: Filing Into NIH's Grant Portfolio](#) (play button icon)



About Grants

http://grants.nih.gov/grants/about_grants.htm



Grants Basics



Grants Process Overview



Plan Your Application

How to Apply



Receipt & Referral



Peer Review



Pre-Award Process



Post-Award Monitoring and Reporting

How to Apply for NIH Grants

NIH National Institutes of Health
Office of Extramural Research

Grants & Funding
NIH's Central Resource for Grants and Funding Information

Entire Site | Search this Site | eRA | NIH Staff | Glossary & Acronyms | FAQs | Help

HOME ABOUT GRANTS FUNDING POLICY & COMPLIANCE NEWS & EVENTS ABOUT OER

Home > About Grants > How to Apply > Application Guide

How to Apply - Application Guide

Use the application instructions found on this page along with the guidance in the funding opportunity announcement to submit grant applications to NIB, the Centers for Disease Control and Prevention, the Food and Drug Administration, and the Agency for Healthcare Research and Quality.

General Application Process Information

- Prepare to Apply
 - Systems and Roles
 - Register
 - Understand Funding Opportunities
 - Types of Applications
 - Submission Options
 - Orphan Software
- Write Application
 - Write Your Application
 - Develop Your Budget
 - Format Attachments
 - Rules for Text Fields
 - Page Limits
 - Data Tables
 - Reference Letters
 - Sketches
- Submit
 - Submit, Track, and View
 - How We Check for Completeness
 - Changed/Corrected Applications

Form Instructions

Need help selecting the right instructions?

Application Instructions	Description	SF424 (R&R) - Version E
G General Instructions	Comprehensive guidance for research, training, fellowship, career development, multi-project, and small business applications	HTML / PDF
R Research Instructions	Guidance for research only	PDF
K Career Development Instructions	Guidance for career development only	PDF
T Training Instructions	Guidance for training only	PDF
F Fellowship Instructions	Guidance for fellowship only	PDF
M Multi-Project Instructions	Guidance for multi-project only	PDF
B SBIR/STTR Instructions	Guidance for small business only	PDF

Resources

Related

Due Dates

- Due Dates
- Submission Policies
- Dealing with System Issues

After Submission

- Rejection and Referral
- Peer Review
- Pre-award Process
- Post-award Monitoring and Reporting

Resources

- News - Items of Interest
- Annotated Form Sets
- Contacting NIH Staff
- Contacting Staff at Other PHS Agencies

Systems

- ASSIST @
- eRA Commons @
- Grants.gov @



Clinical Trial Resources

- **NIH Website on Clinical Trials:** <https://grants.nih.gov/policy/clinical-trials.htm>
- **NIH Website on Research Involving Human Subjects:** <https://humansubjects.nih.gov/>
- **NIH Website on Clinical Trials:** <https://grants.nih.gov/policy/clinical-trials.htm>
- **NIH Extramural Intranet Site on Clinical Trials:** https://nih-extramural-intranet.od.nih.gov/d/nih/topics/clintrials_main.html
- **Annotated Forms E:**
https://grants.nih.gov/grants/ElectronicReceipt/files/Annotated_Forms_General_FORMS-E.pdf
- **Data Entry Fields for Study Record: PHS Human Subjects and Clinical Trials Form:** <https://nih-extramural-intranet.od.nih.gov/d/sites/default/files/study-record-field-notes-internal-use.docx>
- **Glossary of Important Clinical Trial-Related Terms:** <https://grants.nih.gov/policy/clinical-trials/glossary-ct.htm>
- **New Human Subjects and Clinical Trial Information Form (FORMS-E) [Video Tutorial and More](#) -**
<https://grants.nih.gov/policy/clinical-trials/new-human-subject-clinical-trial-info-form.htm>

NIMH Overview and Priorities

Susannah Allison, PhD

Program Officer

National Institute of Mental Health

SGM Workshop Chicago

July 28, 2022



National Institute
of Mental Health

About the NIMH



- The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental illnesses.
- NIMH supports more than 3,000 research grants and contracts at universities and other institutions across the country and overseas.
- NIMH intramural research programs support approximately 600 scientists working on the NIH campuses.

NIMH Strategic Plan



NIMH is Working to:

- Expand the knowledge base of SGM mental health and well-being.
- Remove barriers to planning, conducting, and reporting NIMH-supported research on SGM mental health and well-being.
- Strengthen the community of researchers who conduct mental health research relevant to SGM populations.



NIMH Sexual and Gender Minority Research Priorities

- **Identification of mutable and mechanistic causes** of disparities in mental health clinical (including suicide thoughts and behaviors) and functional outcomes (including SMI) from which interventions targeting health equity can be developed and tested.
- Studies of how **non-mental health specialty settings** can contribute to and support screening, referral, diagnosis, and treatment or prevention of mental illness and suicide behavior in SGM populations.
- Studies proposing to **adapt interventions** for sexual and gender minorities from racial or ethnic minority groups that demonstrate an empirical basis for the need for intervention adaptation and how adaptation is expected to achieve equity in mental health outcomes among those groups.
- Studies to better understand **disparities in HIV** rates and outcomes among SGM individuals living with HIV and how to mitigate them.
- Studies that assess the **factors impeding scale up** of efficacious HIV prevention interventions for SGM individuals and develop approaches to address these barriers.



NIMH Staff Contacts

For SGM research related to HIV/AIDS contact:

Susannah Allison, Ph.D.
Division of AIDS Research
allisonsu@mail.nih.gov

For SGM Mental Health Research (non-HIV/AIDS) contact:

Tamara Lewis Johnson, MPH, MBA
Office for Disparities Research and Workforce Diversity
tamara.lewisjohnson@nih.gov

MISSION

To transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

www.nimh.nih.gov

Research = Hope

NHLBI HIV/AIDS & SGM Health Research Priorities

SGM Health Research Regional Workshop
July 28, 2022

DaRel M. Barksdale, MPH
Scientific Program Manager, NHLBI HIV/AIDS Program



NHLBI's Strategic Goals Include SGM Population Health



Understand Human Biology

Goal 1 –Expand knowledge of the mechanisms governing normal function



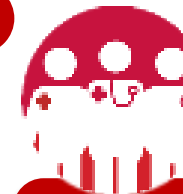
Reduce Human Disease

Goal 2 –Extend knowledge of pathobiology to advance disease prevention and management



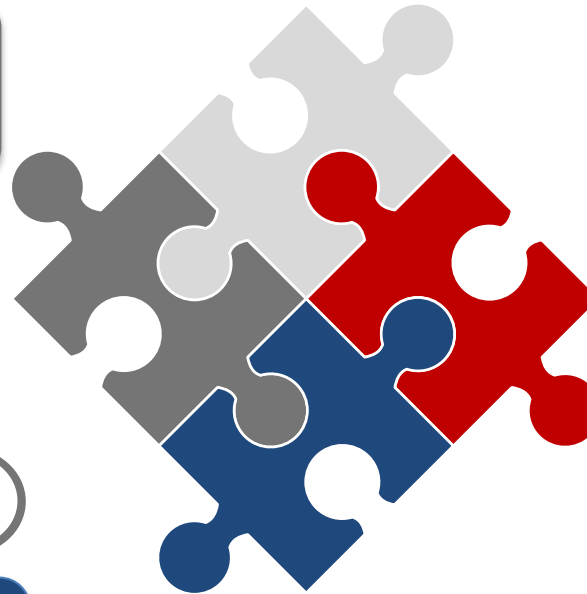
Advance Translational Research

Goal 3 –Facilitate innovation and accelerate research translation



Develop Workforce and Resources

Goal 4 –Develop a diverse workforce with the resources to implement evidence into practice

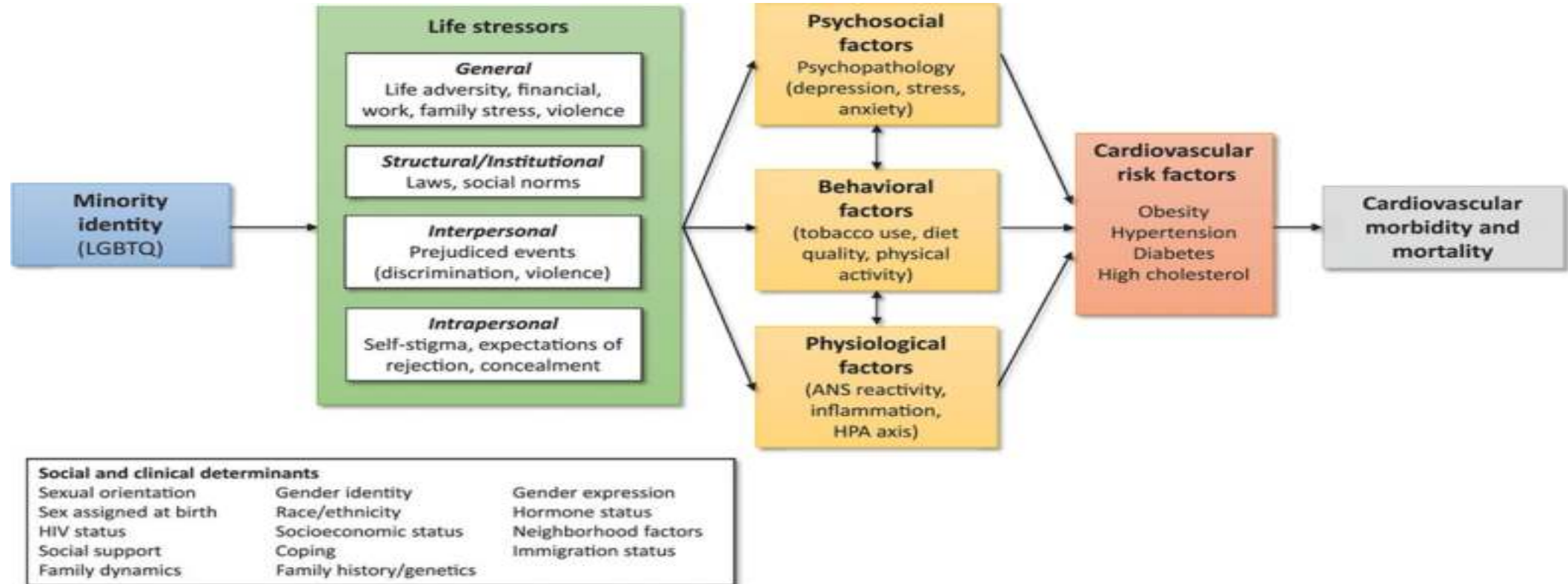


CVD disparities in SGM adults

- SGM adults experience worse cardiovascular health relative to their cisgender, heterosexual peers
- Higher prevalence of CVD risk factors among SGM adults (tobacco use, elevated BMI, and diabetes)
- Subgroups within SGM population have distinct health risks and exposures; multiple studies have identified variations in CVD risk by sex assigned at birth, gender identity, sexual orientation, and race

© 2020 American Heart Association, Inc.
Billy A. Caceres. Circulation. Assessing and Addressing
Cardiovascular Health in LGBTQ Adults: A Scientific Statement
From the American Heart Association, Volume: 142, Issue: 19,
Pages: e321-e332

AHA Conceptual model of cardiovascular health in SGM adults



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Billy A. Caceres. Circulation. Assessing and Addressing Cardiovascular Health in LGBTQ Adults: A Scientific Statement From the American Heart Association, Volume: 142, Issue: 19, Pages: e321-e332

AHA Suggestions for Cardiovascular Research among SGM Populations

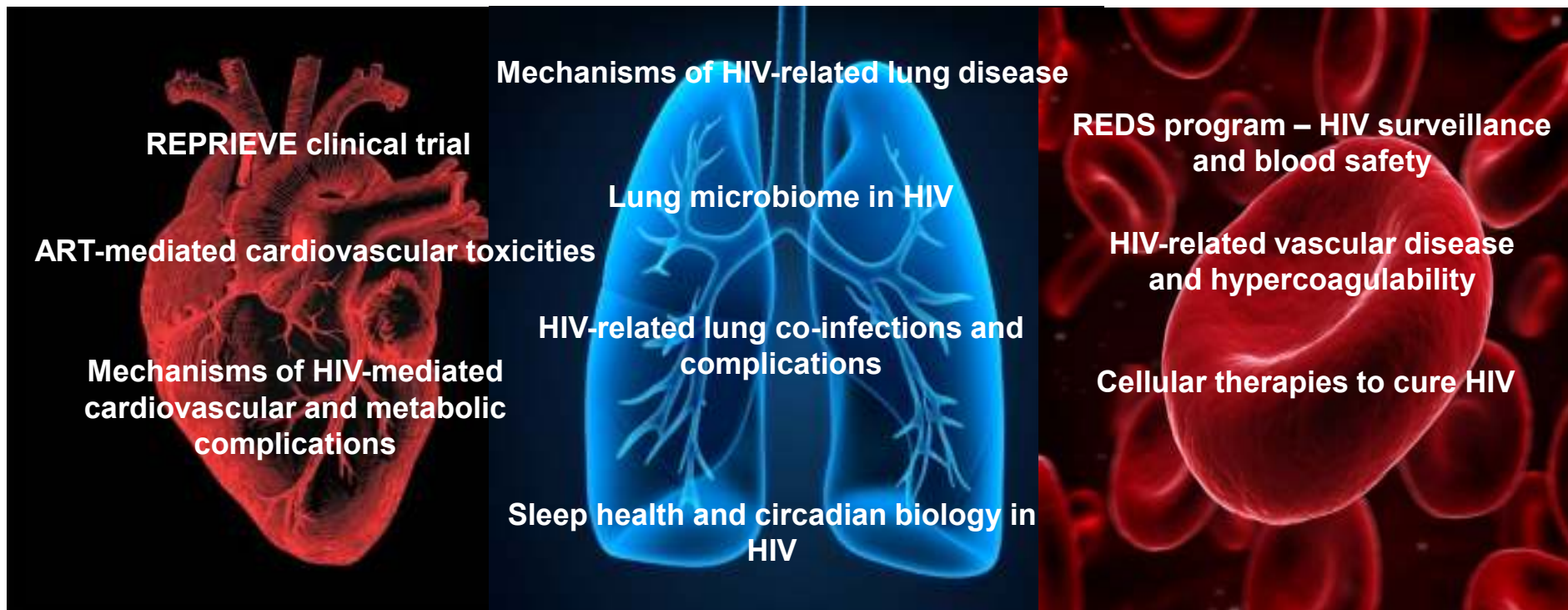
- Partner with SGM communities for measurement development, study design and conduct, and research dissemination to ensure that research reflects the needs of SGM adults, especially stigmatized groups
- Develop and test multilevel interventions for cardiovascular risk reduction in SGM adults
- Examine social and clinical determinants of cardiovascular health in SGM adults
- Characterize the role of resilience in buffering the cardiovascular effects of stress in SGM adults

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Billy A. Caceres. Circulation. Assessing
and Addressing Cardiovascular Health in
LGBTQ Adults: A Scientific Statement
From the American Heart Association,
Volume: 142, Issue: 19, Pages: e321-
e332,

NHLBI HIV/AIDS Program

NHLBI HIV/AIDS Program – Research Support

- Basic, Clinical, and Implementation Science Research on HIV-associated HLBS comorbidities
- Non-human primate models
- Career development programs
- HIV/AIDS and aging
- HIV cure research
- HIV cohort studies
- Trans-NIH programs



Navigating the Present and Charting Our Future...

- **HIV: An Evolving Epidemic**

- Epidemiology of survival
- Burden of Heart, Lung, Blood and Sleep Comorbidities



- **Seizing Opportunities: NHLBI Priorities in HIV Research**

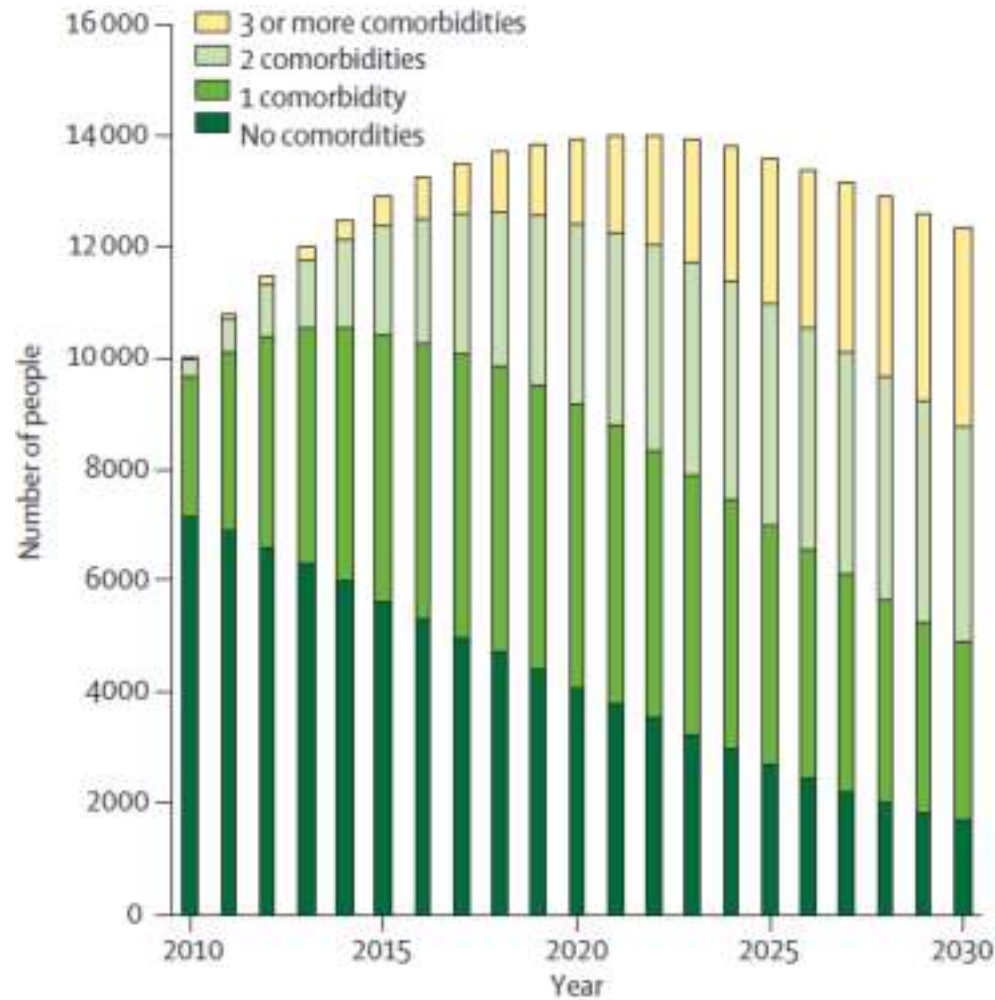
- Mitigating Comorbidities
- Accelerating Cures



Charting a Future for HIV-Related HLBS Research

- HIV increasingly a chronic disease
- People living with HIV at high risk for HLBS and other comorbidities
 - Chronic immune activation and inflammation
 - May be a model for accelerated aging
- Continued support of research on health of people living with HIV
- Priorities consistent with NHLBI Strategic Vision

HIV-related Comorbidities: *An Impending Public Health Epidemic*



By 2030

- **84% of HIV population will have ≥ 1 co-morbidity**
- **28% will have ≥ 3 co-morbidities**
- **78% of pts. will be diagnosed with CVD**
- **30% higher than general population**

MACS/WIHS CCS– 2 cohorts with rich histories

- Aims to understand and reduce the impact of chronic health conditions- including heart, lung, blood, and sleep (HLBS) disorders- that affect people living with HIV
- Integrated in 2019; were the longest-running observational cohort studies of PWH in the United States
 - MACS: started in 1983, study of SGM men
 - WIHS: started in 1993, study of women
- Continued follow-up of the current participants enrolled at 13 sites
- Recruiting new participants with characteristics that reflect the U.S. population living with HIV or at risk for HIV



NOSI: Research on Barriers to Care and Risk of HIV-Associated Comorbidities among Vulnerable Population Groups

- Stimulate research analyzing of barriers to care and risk of HIV-associated comorbidities among disproportionately vulnerable and affected population groups of people living with or at risk for HIV infection
- HIV-related disparities and health care inequities that contribute to heightened risk of HLBS disorders are important and understudied
- Several populations of interest, including SGM adults
- NOT-HL-22-010: R01, clinical trial not allowed

NOSI: Resilience and Vulnerability following Acute Heart, Lung, Blood, and Sleep Insults in People with HIV

- Interested in applications focused on understanding the long-term manifestations of acute HLBS illnesses in context of HIV
- Focused on understanding how PWH experience long-term consequences of an acute HLBS illness/physiologic insult, and whether PWH suffer greater consequences as a result of these acute insults
- NOT-HL-22-002: R01, clinical trials not allowed

NOSI: Examining Effects of HIV Pre-Exposure Prophylaxis (PrEP) on Heart, Lung, Blood, and Sleep Function

- Stimulate research focused on elucidating the impact of HIV pre-exposure prophylaxis (PrEP) on heart, lung, blood, and sleep (HLBS) conditions
- While benefits of PrEP for reducing HIV transmission are well established, the long-term effects of these drugs on the manifestations of HLBS conditions in individuals who are at-risk but not infected with HIV are relatively unstudied
- NOT-HL-21-025: R01, includes clinical studies and mechanistic clinical trials/BESH research



National Heart, Lung,
and Blood Institute

NCI SGM Research Support

SGM Health Research Regional Workshop

Thursday 28 June 2022

Organization of NCI

DIVISION OF CANCER CONTROL AND POPULATION SCIENCES

DCCPS conducts and supports an integrated program of genetic, epidemiological, behavioral, social, applied, and surveillance cancer research to reduce risk, incidence, and deaths from cancer as well as enhance the quality of life for cancer survivors.

DIVISION OF CANCER BIOLOGY

DCB encourages and facilitates continued support of basic research in all areas of cancer biology to provide the research foundation which enables improved understanding of the disease and may lead to new approaches for prevention, diagnosis, and treatment.

DIVISION OF CANCER PREVENTION

DCP conducts and supports research to find ways to prevent and detect cancer, and to prevent or relieve symptoms from cancer and its treatments.

DIVISION OF CANCER TREATMENT AND DIAGNOSIS

DCTD supports the translation of promising research into clinical applications to improve the diagnosis and treatment of cancer in areas of unmet need that are often too risky or difficult for industry or academia to develop alone.

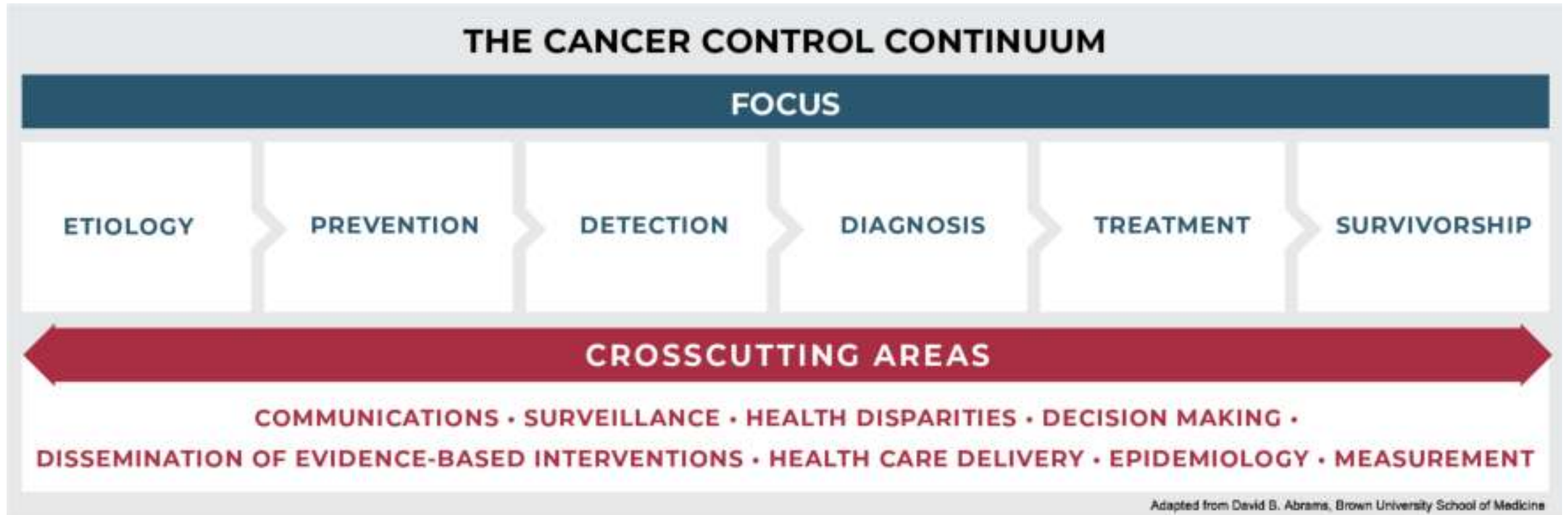
<https://www.cancer.gov/about-nci/organization>



NATIONAL CANCER INSTITUTE

What is Cancer Control?

Reducing the population burden due to cancer



Behavioral Research



Developing and applying quality research in the behavioral and social sciences

Epidemiology & Genomics



Understanding susceptibility to cancer and cancer-related outcomes through population-based research

Health Disparities & Health Equity



Understanding the causes of disparities and developing interventions to achieve health equity for all

Healthcare Delivery Research



Evaluating patterns in cancer-associated health behaviors, risk factors, care services, and outcomes

DCCPS Programs



Advancing research and practice to promote the adoption of evidence-based interventions into routine care

Implementation Science



Collecting and analyzing data and developing statistical methods to answer key cancer-related questions

Surveillance



Examining the effects of cancer and its treatment among survivors of cancer and their families

Survivorship

NOSI in Research on the Health of SGM Populations

- Notice Number NOT-MD-19-001: <https://grants.nih.gov/grants/guide/notice-files/NOT-MD-19-001.html>
- Encourages research that describes the **biological, clinical, behavioral, and social processes that affect the health and development of SGM populations** and individuals and their families, and that leads to the development of acceptable and appropriate **health interventions and health service delivery methods** that will enhance health and development of these populations
- FOAs to which applications may be submitted include but are not limited to Parent FOAs for Research (R), Career Development (K), and Fellowship (F) awards

Programmatic areas of interest to NCI

- Identify **cancer health care needs across the cancer continuum**, including prevention, early detection, diagnosis, treatment, survivorship, and end of life care among SGM populations
- Increase understanding about the **cancer care needs, health outcomes, and effective interventions** to improve outcomes for SGM individuals
- Assess **cancer risk** to inform improved **decision-making, risk reduction interventions, and screening options** for **early cancer detection** in SGM populations
- Evaluate **interventions** that increase rates of **screening, follow-up, referral-to-care**, and improve **symptom management** for cancer prevention and control among SGM populations
- Increase understanding of the **barriers to cancer health care information and treatment** that may lead SGM individuals/populations to **avoid or delay seeking health care**
- Examine the **relative risk of cancer and cancer risk factors** (e.g., smoking, obesity, aging, infections such as HPV or HIV, tobacco use, alcohol consumption, nulliparity) and underlying **mechanisms of risk** (social, behavioral, biological, clinical) in SGM groups in comparison to their heterosexual counterparts

NCI NOSI areas continued...

- Investigate **cancer patient outcomes, cancer treatment delivery, and healthcare utilization** in SGMs
- Improve the understanding of the **differential risks for certain types of cancers** including cervical, breast, ovarian, anal, and other malignancies among SGMs
- Examine the potential **cancer risks of hormone therapy** (including off-label use) among transgender and/or intersex individuals
- Investigate **prevalence rates of HPV infection** in SGM groups and the development of screening interventions and/or recommendations to ameliorate HPV-associated disease
- Examine the **intersection of contextual factors** (e.g., race, geography, socioeconomic status) on cancer health outcomes across SGM groups
- Investigate the **lack of access to and utilization of cancer health care services, and quality of care received**, by SGM populations and impact on health outcomes
- Assess the **impact of stigma, discrimination, victimization, substance use, and other risk factors** on utilization of cancer preventive screening/services
- Investigate **positive and/or protective factors** (e.g., family and/or social support) on cancer prevention

Survivorship Funding Opportunities

- **Research to Understand and Address the Survivorship Needs of Individuals Living with Advanced Cancer ([RFA-CA-22-027](#))**
 - Purpose is to support studies that aim to better understand and/or address **survivorship needs** for individuals living with likely incurable cancer
- **NOSI Tailoring Follow-up Care for Survivors Using Risk-Stratified Pathways ([NOT-CA-21-019](#))**
 - Interest in receiving applications focused on identifying important factors for defining **risk-stratified survivorship care** or developing and testing approaches to improve the clinical management and outcomes for adult cancer survivors using risk-stratified survivorship care pathways

Tobacco-Related Funding Opportunities

- **Tobacco Control Policies to Promote Health Equity (R01 [[PAR-20-302](#)], R21 [[PAR-20-303](#)] CT Optional)**
 - Supports observational or intervention research focused on reducing disparities in tobacco use and secondhand smoke exposure in the U.S.; this FOA aims to stimulate scientific inquiry focused on innovative state and local level tobacco prevention and control policies
- **NOSI Electronic Nicotine Delivery Systems (ENDS) and Alternative Nicotine and Tobacco Delivery Systems: Population, Clinical and Applied Prevention Mechanisms of Health Effects ([NOT-OD-22-023](#))**
 - NCI encourages applications to fill gaps in the science regarding population, clinical and applied research on ENDS, and is interested in studies that investigate potential contributions to cancer risk from ENDS use alone or in combination with other tobacco products, research that seeks to better understand and prevent youth and young adult ENDS and heated tobacco product use
- **NOSI Public Policy Effects on Alcohol-, Cannabis-, Tobacco-, and Other Drug-Related Behaviors and Outcomes ([NOT-AA-21-028](#))**
 - Encourages applications to conduct research on the effects of public policies on health-related behaviors and outcomes associated with alcohol, cannabis, tobacco, prescription drugs, and other substances

New Cohort-Related Funding Opportunity

- **Cancer Epidemiology Cohorts: Building the Next Generation of Research Cohorts (U01, [PAR-22-161](#))**
 - Seeks to support initiating and building the next generation of population-based cancer epidemiology cohorts to address specific **knowledge gaps in cancer etiology and survivorship**
 - Will support methodological work necessary to initiate and build cancer epidemiology cohorts that can address critical scientific gaps concerning (i) new or unique exposures in relation to cancer risks and outcomes and (ii) achievement of **diverse populations in cohorts with the inclusion of understudied populations** (e.g., racial/ethnic groups, rural populations, individuals living in persistent poverty areas, and others) with substantial community engagement

Other Funding Opportunities

- **Co-infection and Cancer** (R01 [PAR-20-062](#), R21 [PAR-20-061](#))
- **Ethical, Legal and Social Implications (ELSI)**
 - Research (R01) [PAR-20-254](#)
 - Exploratory/Developmental Research Grant (R21) [PAR-20-255](#)
 - Small Research Grant (R03) [PAR-20-257](#)
- **Advancing Research to Develop Improved Measures and Methods for Understanding Multimorbidity** (R01) [PAR-20-179](#)
- **Measures and Methods to Advance Research on Minority Health and Health Disparities-Related Constructs** (R01) [PAR-22-072](#)
- **Identifying Innovative Mechanisms or Interventions that Target Multimorbidity and Its Consequences** (R01) [PAR-20-180](#)



**NATIONAL
CANCER
INSTITUTE**



cancer.gov • cancer.gov/espanol • cancer.gov/news-events/nca50

A graphic showing a variety of human hands raised in the air, each a different color (yellow, green, blue, purple, red, orange, etc.), symbolizing diversity and community. The hands are set against a light gray background.

Supporting Successful Aging With Pride at the National Institute on Aging

SGM Health Research Regional Workshop
Chicago, July 28, 2022

Melissa S. Gerald, PhD
Division of Behavioral and Social Research (BSR)
National Institute on Aging (NIA)
melissa.gerald@nih.gov

Seven Quick Tips About NIA

Know NIA's mission & strategic directions

See NIA's Training Website

Consider a pilot or supplement project

Consider AD/ADRD research

NIA's Interests in SGM research

See NIA's FOAs + NIA Meeting & Workshop Reports

Make use of NIA-supported large-scale data



NIA Mission



§Support and conduct genetic, biological, clinical, behavioral, social, and economic research related to **the aging process**, diseases and conditions associated with **aging**, and other special problems and needs of older Americans.

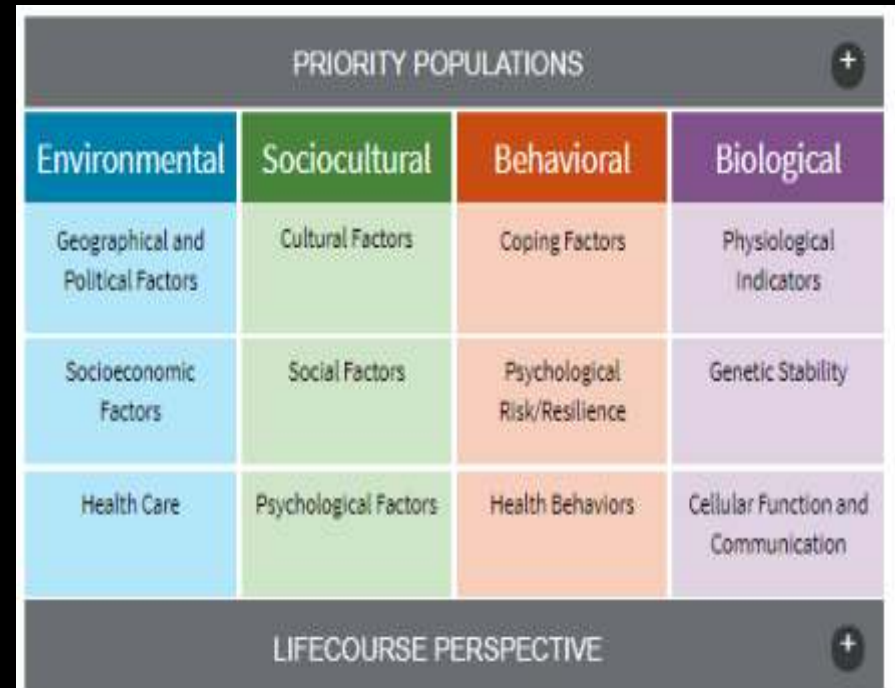
The National Institute on Aging:

Strategic Directions for Research, 2020-2025



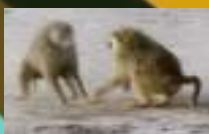
- **Goal F:** Understand health disparities and develop strategies to improve the health status of older adults in diverse populations

NIA Health Disparities Research Framework



NIA's Extramural Research Divisions

Behavioral and Social Research



Neuroscience



Geriatrics and Clinical Gerontology



Aging Biology



S. cerevisiae



Rotifers



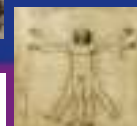
C. elegans



Mice



Monkeys



Humans



Hydra



Drosophila



Rats

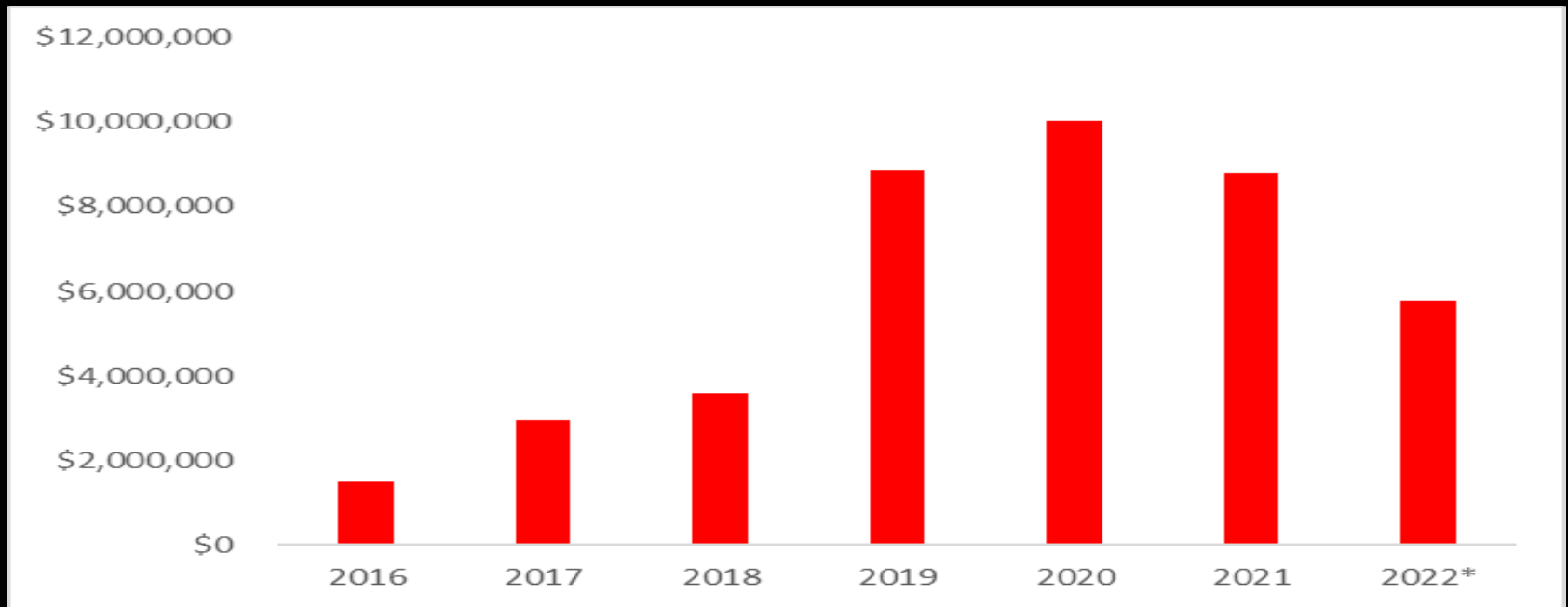


Dogs

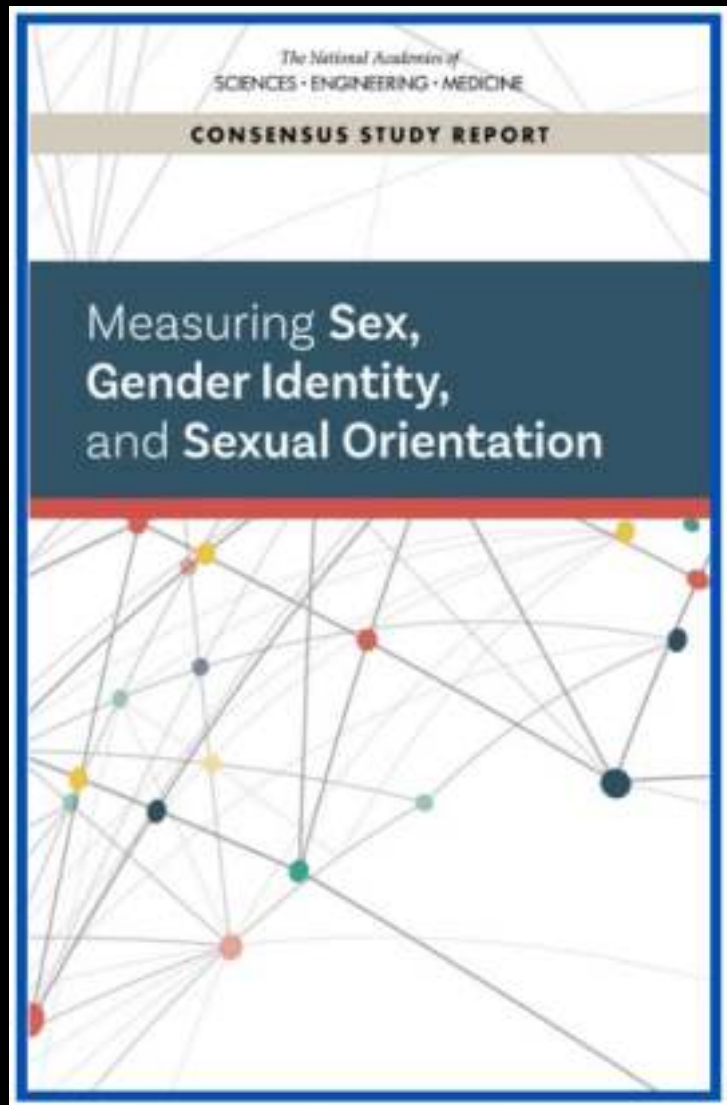
SGM Topic Areas of Active NIA Grants



NIA Investments in SGM Research



* = and counting!



SCIENTIFIC WORKSHOP ON **VIOLENCE &** *related health outcomes in* SEXUAL & GENDER MINORITY COMMUNITIES

BISEXUAL HEALTH Research Workshop

September 23, 2019

*Identifying Research Opportunities in
Bisexual Health Research*

NIA Interests in NOT-MD-22-012

NOSI: Research on the Health of SGM Populations

- Life course approaches
- Use of NASEM recommended measures
- Studies on health equity, health disparities, and research on SGM-related
- Health disparities research guided by the NIA Health Disparities Research Framework
- Use of NIA-supported publicly available datasets
- NIH Stage Model for Behavioral Intervention Development

Active FOAs Soliciting AD/ADRD Research on SGM Populations

RFA-AG-23-022/023: Measures and Methods for Research on Family Caregivers for People Living with AD/ADRD (R01/R21 No CTs) (Due: October 20, 2022)

RFA-AG-23-024: Policy and AD/ADRD Healthcare Disparities: Access, Utilization, and Quality (R01 No CTs) (Due: September 20, 2022)

RFA-NS-23-001: Pragmatic Clinical Trials in Community Settings to Decrease or Prevent VCI/D Outcomes, Including in Populations that Experience Health Disparities (U01 CT Required) (Due: September 16, 2022)

NIA Training FOAs, Webinars, and Resources

- **RFA-AG-21-021:** Paul B. Beeson Emerging Leaders Career Development Award in Aging (K76)
 - **Reissued:** NIA Transition to Aging Research for Predoctoral Students (F99/K00)
 - Loan Repayment Program applications open this fall
 - **New** GENDER research education program (R25)
-

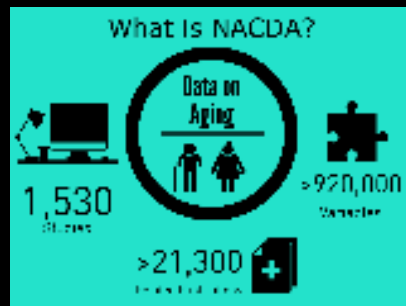
- **Upcoming Webinar:** NIA Transition to Independence Awards: the K22 and K99--August 18, 2022
- **NEW:** K99/R00 Sample Applications

NIA Training and Career Development: <https://www.nia.nih.gov/research/training>

Pilot and Supplement Opportunities at NIA

- NOT-OD-22-030: Research on Sex/Gender Influences (Admin Supp CT Optional)
- NOT-OD-22-026: Research on Bioethical Issues (Admin Supp CT Optional)
- NOT-OD-22-032: Research on Sexual and Gender Minority (SGM) Populations (Admin Supp CT Optional)
- NOT-OD-22-057: To Recognize Excellence in Diversity, Equity, Inclusion, and Accessibility (DEIA) Mentorship.
- NOT-AG-22-025: Notice of Special Interest: Alzheimers-Focused Administrative Supplements for NIH Grants that are Not Focused on Alzheimer's Disease
- PA-21-071: To Promote Diversity in Health-Related Research (Admin Supp – CT-Not Allowed)

Large longitudinal surveys rich in psychological, social, behavioral, and biological content

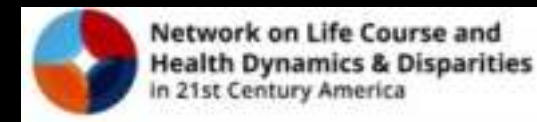


Research Networks in Emerging Areas of Science



Animal Models for the Social Dimensions of Health and Aging Research Network

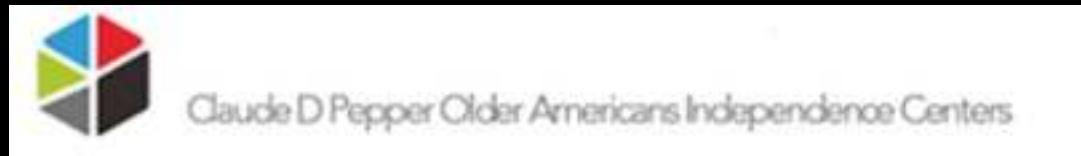
The Interdisciplinary Network on Rural Population Health and Aging



Centers Programs to Advance the Research on Aging and AD/ADRD



Resource Centers
for Minority Aging
Research

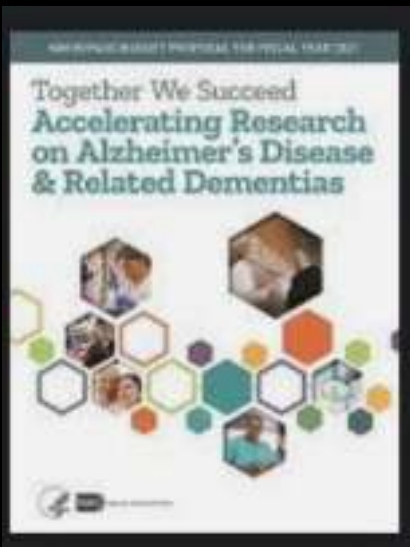


Centers on the
Demography &
Economics of Aging and
AD/ADRD



THE NIA ALZHEIMER'S DISEASE RESEARCH CENTERS PROGRAM

Behavioral and Social Research on Alzheimer's Disease and Related Dementias



Learn about BSR's AD/ADRD Research Priorities:
<https://www.nia.nih.gov/research/dbsr/ad-adrd>

Thank you!

Melissa S. Gerald, PhD

Division of Behavioral and Social
Research (BSR)

National Institute on Aging (NIA)

Email: melissa.gerald@nih.gov



NIA Training and Career Development:
<https://www.nia.nih.gov/research/training>



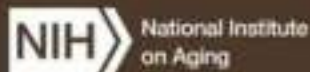
Funding Opportunities
Coming Soon!

Resource Centers for Minority Aging Research (RCMAR) Program

For details and deadlines:

Aging & AD/ADRD Centers (NOT-AG-22-023)

Coordinating Center (NOT-AG-22-024)



Questions? Contact Dr. Melissa S. Gerald
Melissa.Gerald@nih.gov





The *All of Us* Research Program

Sexual and Gender Minority Health Research Regional Workshop

Martin Mendoza, PhD
Director of Health Equity
All of Us Research Program

July 28, 2022



What is the *All of Us* Research Program?

What is the NIH *All of Us* Research Program?

The *All of Us* Research Program is a historic, longitudinal effort to **gather data from one million or more people** living in the United States **to accelerate research and improve health**. By taking into account individual differences **in lifestyle, socioeconomic, environment, and biology**, we hope that researchers will one day uncover paths toward delivering **precision medicine – or individualized prevention, treatment, and care – for all of us**.

The *All of Us* Research Program is part of the broader Precision Medicine Initiative.



“All of Us is among the most ambitious research efforts that our nation has undertaken!”

Former NIH Director Francis Collins, M.D., Ph.D.

All of Us Mission

Nurture partnerships

for decades with at least a **million participants** who reflect the diversity of the U.S.

Catalyze an ecosystem

of communities, researchers, and funders who make *All of Us* an indispensable part of health research



Deliver one of the largest, richest biomedical datasets that is broadly available and secure

Enables research discoveries that drive more precise approaches to care

Engages **people & communities** who have been left out of medical research in the past



Combines **biological factors and social determinants** on a large, inclusive scale



Easily accessible to any researcher with a secure internet connection



Follows participants as they move, age, and grow



Current protocol



Enroll, Consent and Authorize EHR

Recruiting 18+ years old initially; plan to include children in future
Online, interactive consent
Includes authorization to share EHR data



Answer Surveys

The Basics Health Care Access & Utilization
Overall Health Personal and Family Medical History
Lifestyle Social Determinants of Health

Additional surveys will be released on an ongoing basis



Provide Physical Measurements

Blood pressure Height BMI
Heart rate Weight Hip circumference
Waist circumference

Based on diverse sampling and capacity



Provide Biosamples

Blood (or saliva)
Urine specimen
Biosamples will be stored at the program's biobank

Based on diverse sampling and capacity



Share data from Wearables/Digital Apps

Share data from wearable fitness devices, starting with Fitbit

Coming soon:
Integrated apps to track mood & cardio-respiratory fitness

Enrollment Numbers

Status of the *All of Us* Research Program (as of June 2022)

503,000+

Participants

306,000+

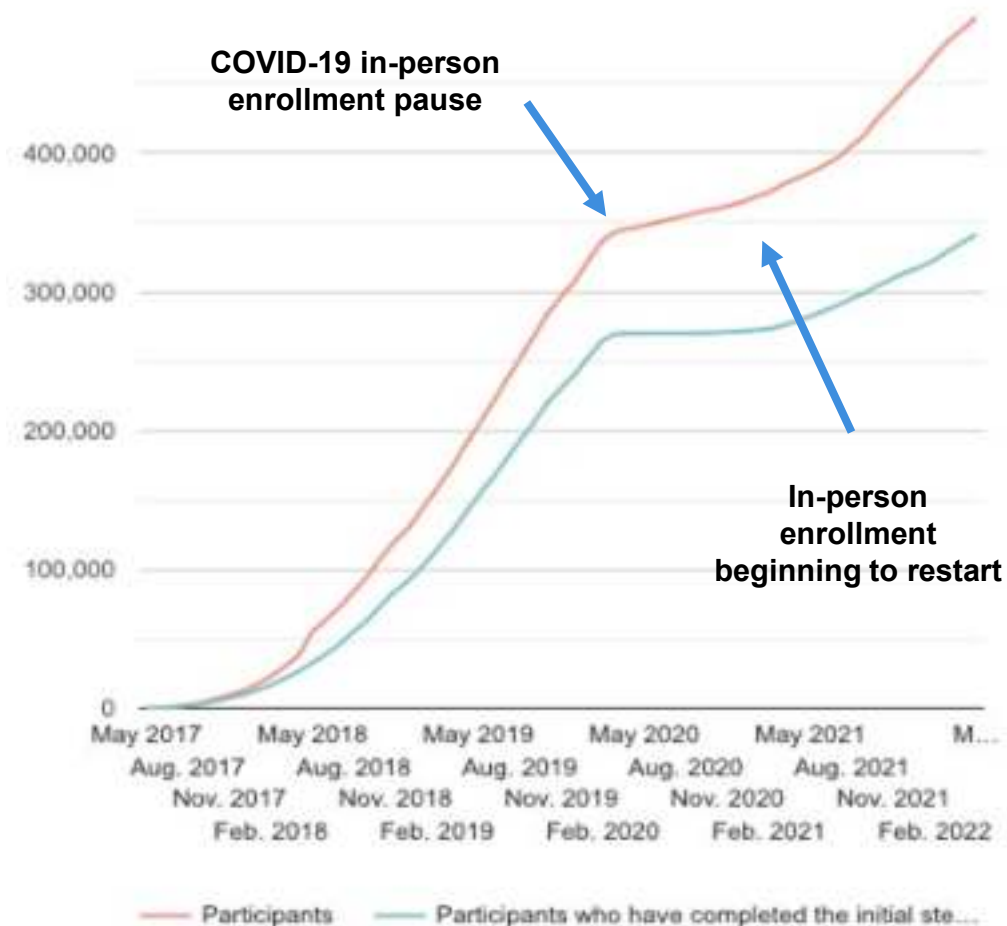
Electronic Health
Records

345,000+

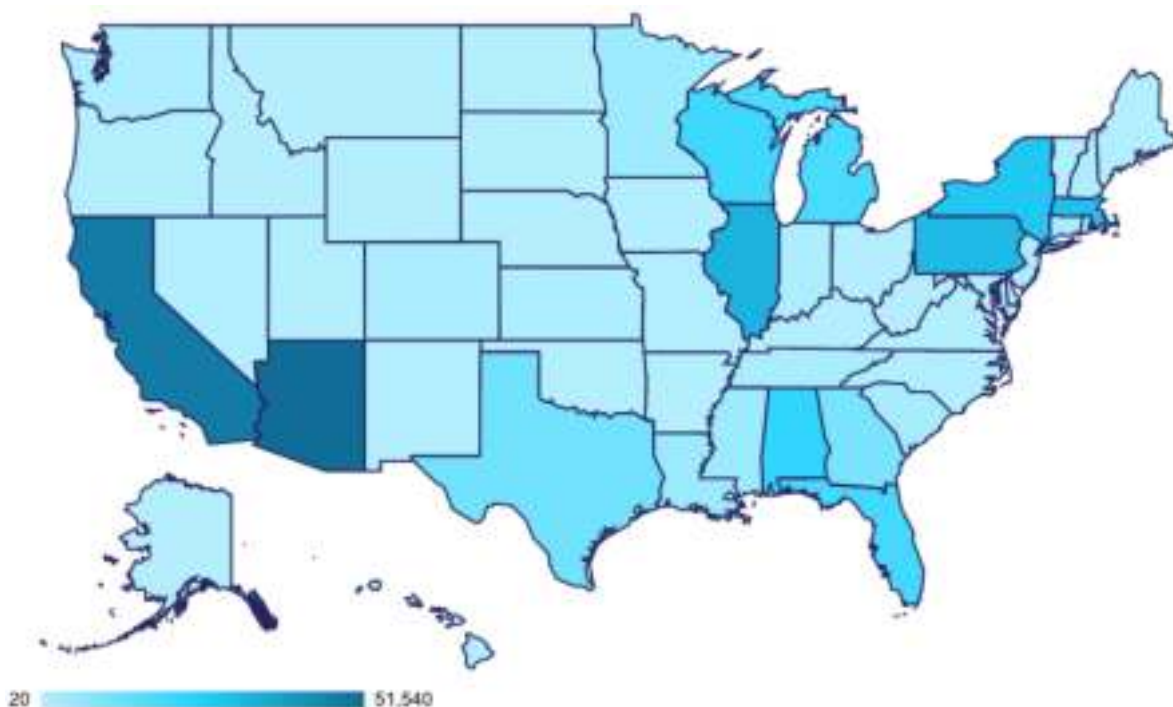
Participants who have
completed initial steps
of the program

370,000+

Biosamples

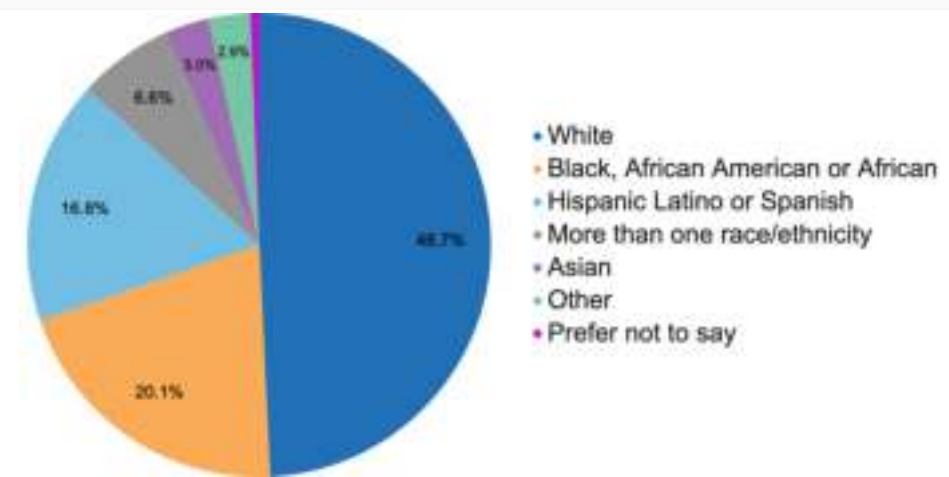


Status of the *All of Us* Research Program (as of June 13, 2022)

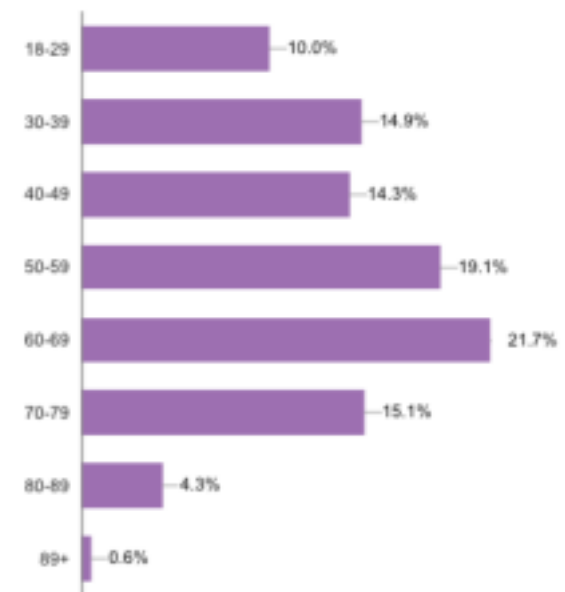


About 80% of *All of Us* participants are underrepresented in biomedical research

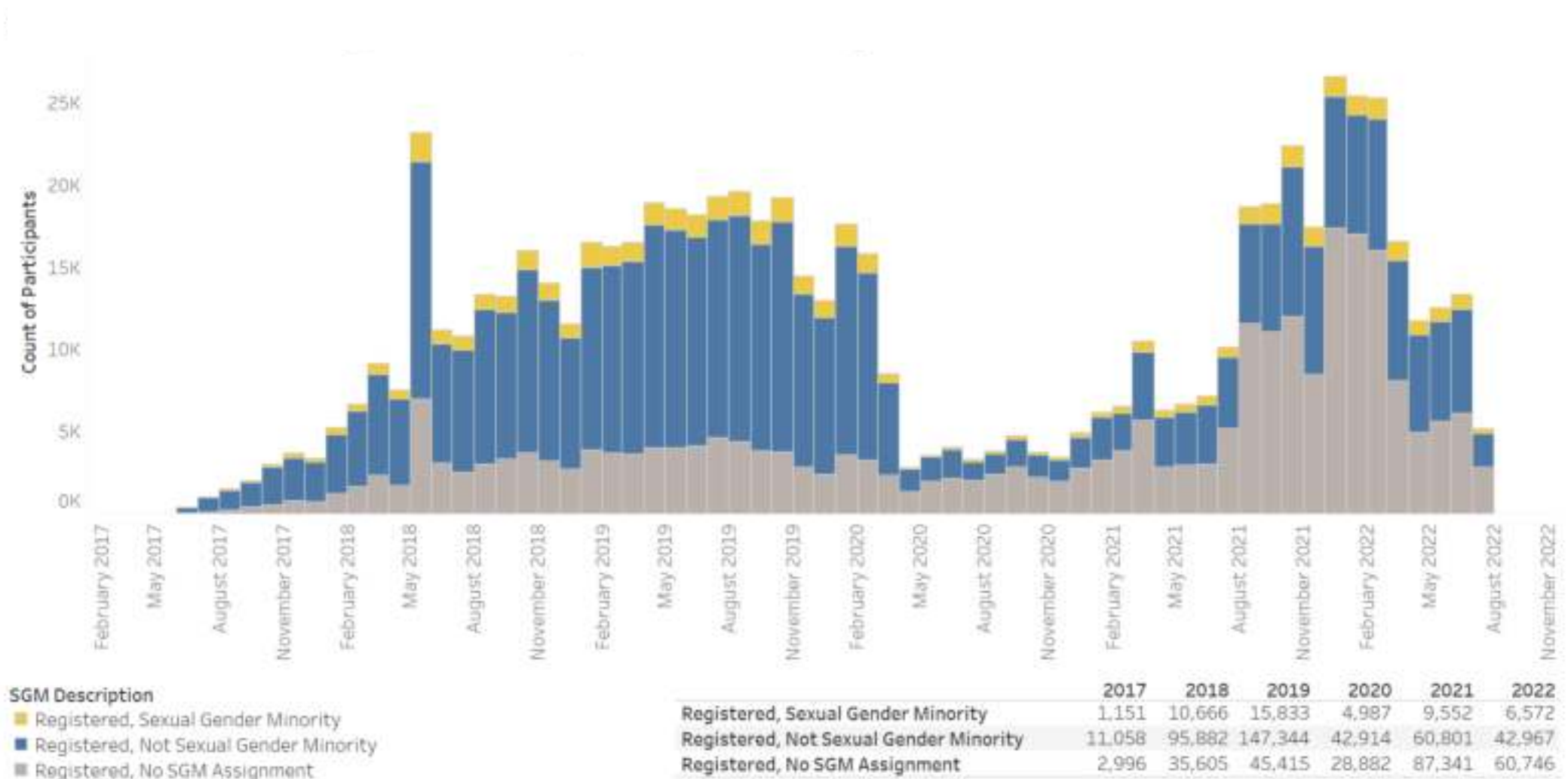
Race and Ethnicity



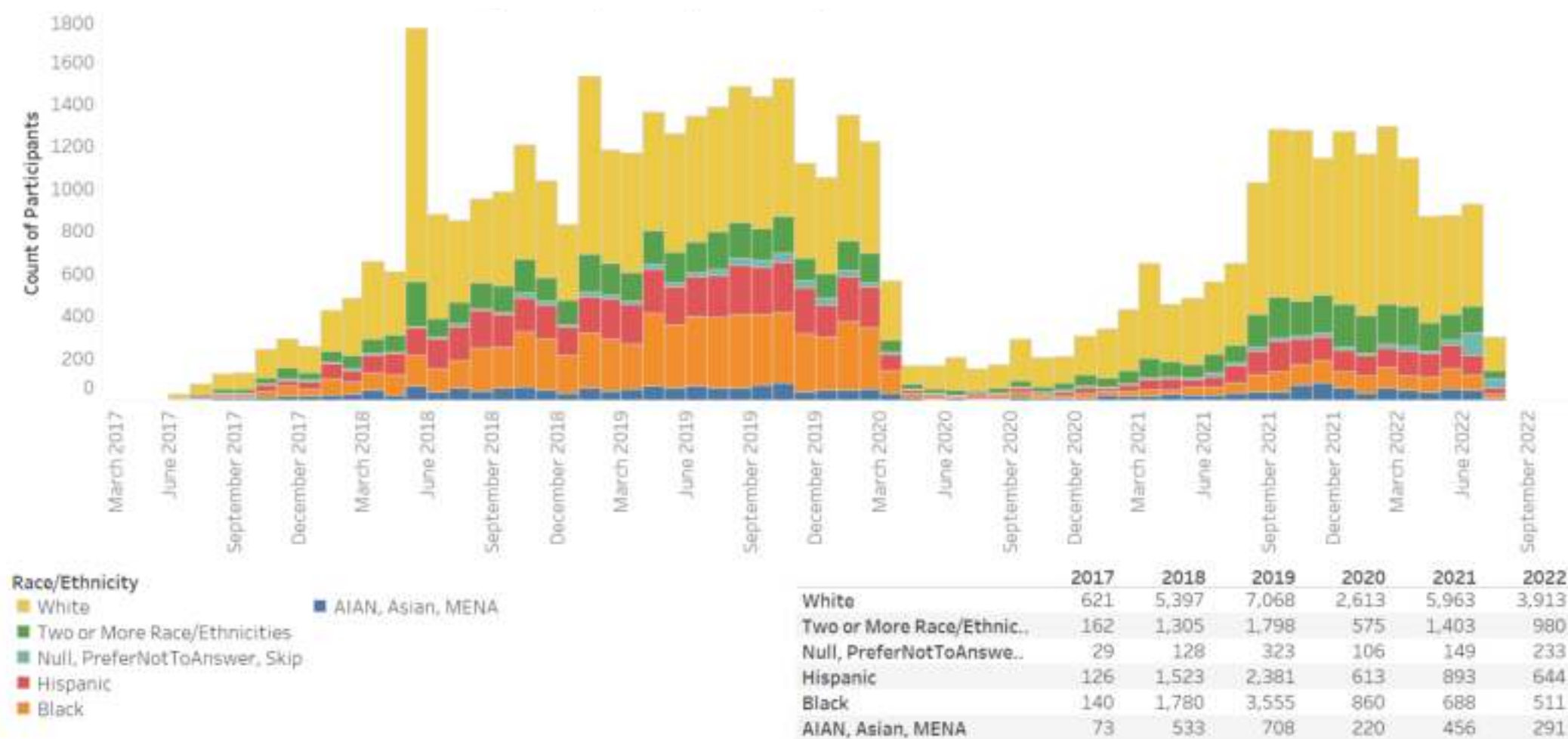
Age



Registered All of Us Participants by SGM Status



Registered All of Us SGM Participants by Race and Ethnicity



The All of Us Research Program's mission is to speed up health research breakthroughs.

People from all walks of life will share their health information. Health data from diverse people will help fill gaps in knowledge about why people get sick or stay healthy. The data could help researchers develop new and better treatments that benefit all of us.

Why is diversity important to the All of Us Research Program?

All of Us is asking lots of people to join. Participants are from different races and ethnicities, age groups, and regions of the country. They are also diverse in gender identity, sexual orientation, and health status.

Diversity in a research program is important for several reasons. First, where we live, how we live, and our background can all affect our health. Second, many groups of people have been left out of research in the past. This means we know less about their health.

By studying data from a diverse group of people, researchers can learn more about what makes people sick or keeps them healthy. What researchers learn could lead to better treatment and disease prevention for all of us.

Data from All of Us could someday help researchers:

- Identify what makes people more likely to develop a disease.
- Find out how environment, lifestyle, and genes can impact health.
- Build better tools for detecting a health condition and encouraging healthy habits.

Why have some communities not been part of research?

There are different reasons. For example, some communities have not been invited to take part in research. Or, they were invited but were not told what was involved. For these reasons, we know very little about them.

The All of Us Research Program has learned from this history. We want to be sure we do things right, so many different groups of people can join. We will tell you what we are doing. We will share results. And we will protect your data.

Why is the LGBTQ community important to All of Us?

LGBTQ people, like many other groups, have often been left out of research. As a result, we know less about their health and ways to provide them with the best care. The All of Us Research Program wants to change this. By joining All of Us, LGBTQ people can help ensure their community is included in health studies. These studies could help researchers understand health conditions that are more common among LGBTQ people. What they learn could lead to more tailored approaches for preventing and treating those conditions.

All of Us is working with community partners to educate LGBTQ people about the program and how research has potential benefits for their families and future generations.

All of Us Core Values

- Participation is open to all.
- Participants reflect the rich diversity of the United States.
- Participants are partners.
- Trust will be earned through transparency.
- Participants have access to their information.
- Data will be accessed broadly for research purposes.
- Security and privacy will be of highest importance.
- The program will be a catalyst for positive change in research.

How is All of Us addressing concerns about taking part in research?

Why is the LGBTQ community important to All of Us?

LGBTQ people, like many other groups, have often been left out of research. As a result, we know less about their health and ways to provide them with the best care. The All of Us Research Program wants to change this. By joining All of Us, LGBTQ people can help ensure their community is included in health studies. These studies could help researchers understand health conditions that are more common among LGBTQ people. What they learn could lead to more tailored approaches for preventing and treating those conditions.

All of Us is working with community partners to educate LGBTQ people about the program and how research has potential benefits for their families and future generations.

- Continues to test the security of our databases.
- Will tell participants if there is a risk to their privacy because of a data breach.
- Stores data on protected computers. This limits and keeps track of who can see it.
- Removes personal details that could identify participants from the data.
- Requires researchers to agree to follow data use rules, including promising they will not try to identify participants.

Giving information back to participants

The All of Us Research Program will give information back to participants. People who join can choose to see their own health information. In the future, this might include information from DNA tests and health records. All of Us will post information on its website about the research being done with the data. General demographic information about all participants will be publicly available.

- Learn more about their health.
- Help improve the health of their communities and future generations.
- Help researchers find the best ways for people to stay healthy.
- Help researchers one day create better tests and treatments.

The longer a person stays involved with All of Us, the more they can learn about themselves and help speed up health research and medical breakthroughs.

Where can someone learn more about the All of Us Research Program?

Visit joinallofus.org to learn more about the program, its privacy safeguards, benefits of joining, and how data will be used. The All of Us Support Center is open every day (except public holidays) to answer questions. Contact the Support Center at (844) 842-2855 or help@joinallofus.org.

How participants

...es shape the
...esentatives are
...f Us working
...p decide what

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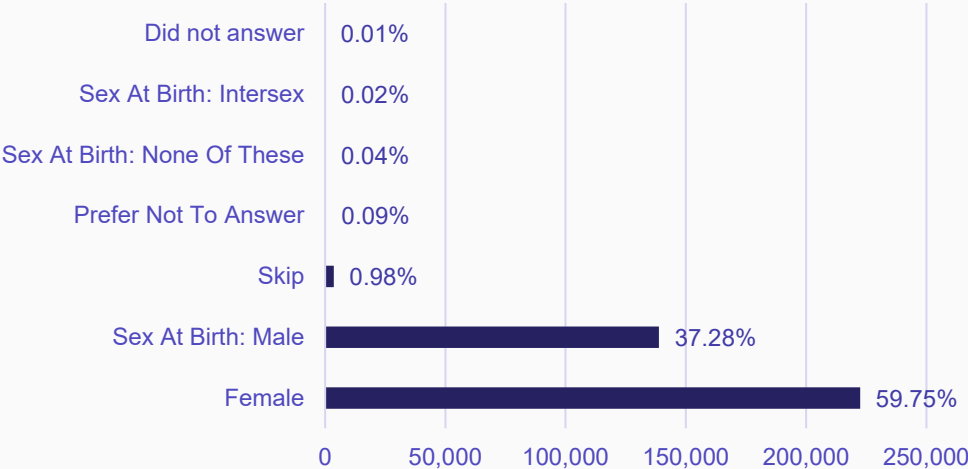
Under joining

...people join

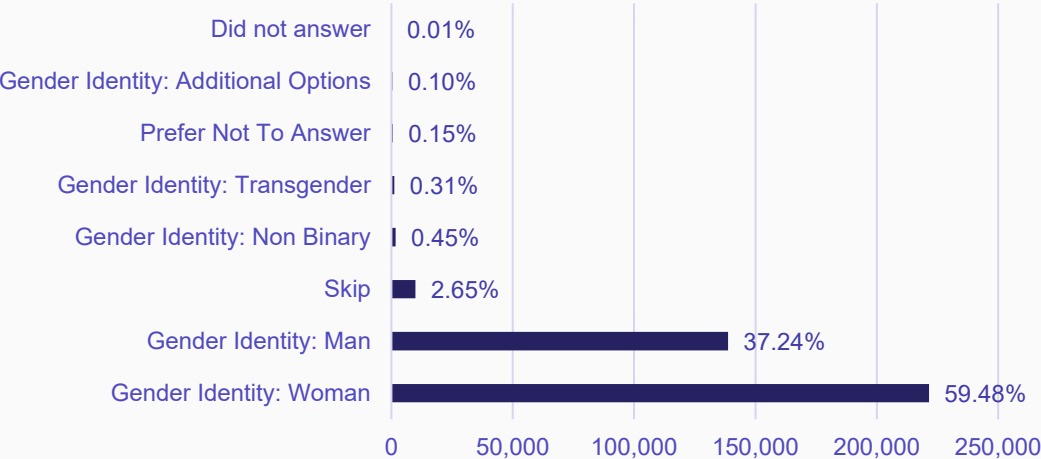
All of Us Data Browser and Researcher Workbench

All of Us Data Browser

Sex Assigned at Birth



Gender Identity

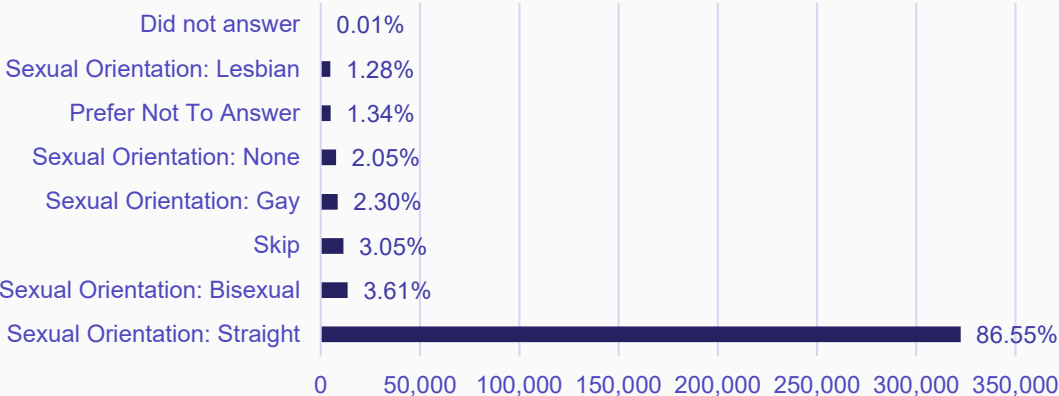


What was your biological sex assigned at birth?

[See Answers](#)

Answer	Concept Code	Participant Count	% Answered out of 372380
Sex At Birth: Female	1585847	222,500	59.75%
Sex At Birth: Male	1585848	138,840	37.28%
Skip	903096	3,640	0.98%
Prefer Not To Answer	903079	320	0.09%
Sex At Birth: None Of These	1585849	140	0.04%
Sex At Birth: Intersex	1585846	80	0.02%
Did not answer	0	≤ 20	0.01%

Sexual Orientation



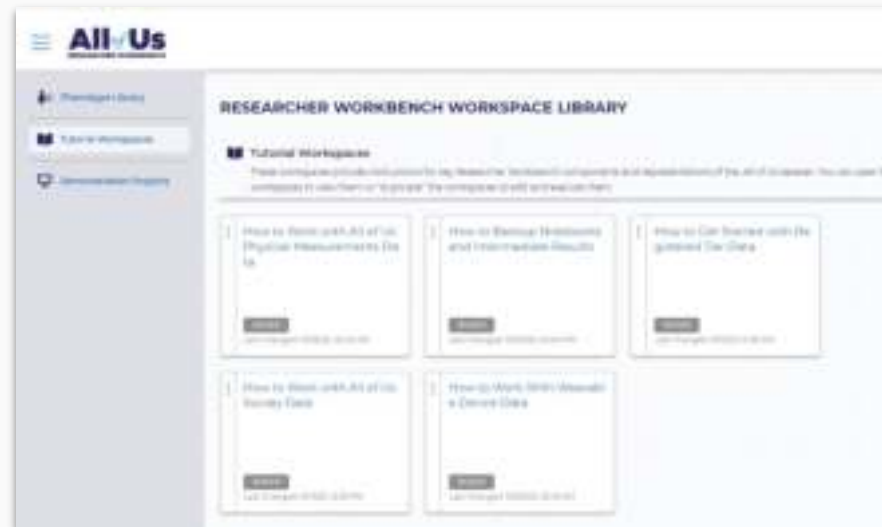
A look at the Researcher Workbench



Registered researchers in the Researcher Workbench can create research projects using collaborative workspaces, cohort-building tools, interactive notebooks, and more

Project topics range from oncology to health disparities

Highlight: we recently released 100K genomes with 50% from self-identified racial and ethnic minority groups



~1,800 active projects
over 2,300 registered researchers

With researchers from more than:
200 academic institutions
50 non-profit organizations
40 health care organizations
30 HBCUs and HSIs

Engaging a diverse researcher cohort

Bringing together a diverse cohort of researchers



- **Creating a demographically diverse researcher cohort** that promotes responsible and ethical use of data, returns value to participant communities, and accelerates research impact.
- **Encouraging student assemblies and early-stage investigators** to bring fresh, creative perspectives & innovative research outcomes.
- **Ensuring access for researchers from various institutions/organizations** to establish a truly equitable resource for all.

All of Us: a rich resource for SGM health researchers

- From **Day 1** *All of Us* has engaged sexual and gender minority (SGM) communities.
- Comprehensively collects sexual orientation, gender identity, and sex assigned at birth from all participants (1+ million people).
- Previously invisible SGM subgroups (e.g., asexual, gender-fluid) will likely be able to be explicitly included.
- Rich demographics enable studies of intersecting identities among UBR communities.
- Electronic health record (EHR) data enables SGM-specific analyses based on diagnoses, procedures, laboratory tests, imaging studies, medications, etc.

Resources

- Web: <https://www.joinallofus.org/>
- Community Resources: <https://www.joinallofus.org/en/community/community-resources>
- Researcher Workbench: <https://workbench.researchallofus.org/login>
- Newsletters: <https://www.joinallofus.org/en/newsletters>
- Events: <https://www.joinallofus.org/en/events>
- Email: Martin Mendoza: martin.mendoza@nih.gov

Thank You!



Researchallofus.org



National Institutes
of Health

AllofUs.nih.gov



@AllofUsResearch
#JoinAllofUs

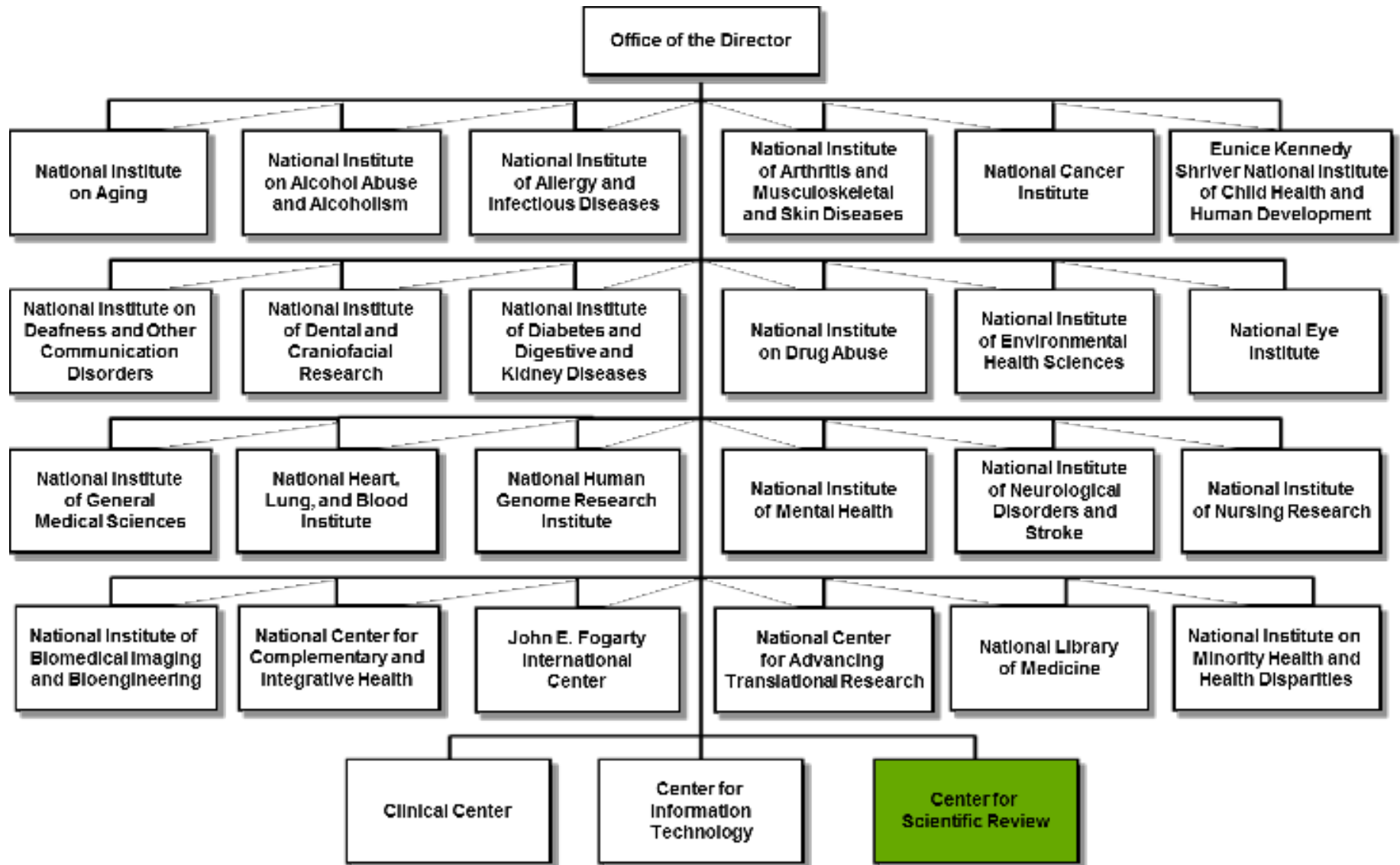


NIH Center for Scientific Review

Janetta Lun, Ph.D., janetta.lun@nih.gov
Scientific Review Officer

Date: July 28, 2022

What is NIH CSR? What do we do?



CSR Mission



To see that NIH grant applications receive fair, independent, expert, and timely scientific reviews – free from inappropriate influences – so NIH can fund the most promising research.

What does CSR do with applications?

- Receives all NIH grant applications
- Assigns applications to one or more NIH Institute or Center for potential funding
- Assigns applications to CSR or NIH Institute review groups
- Conducts initial scientific merit review of most NIH research applications



Data for calendar year 2020; See NIH Data Book for more information: <https://report.nih.gov/nihdatabook/category/12>

“Why is it important for me to know about CSR as a grant-writer?”

CSR uses information in your application to make peer-review related decisions.



CSR's Division of Receipt and Referral

Determines if your application is

- On time
- Formatted correctly
- Complete
- Compliant with NIH policy



Assigns your application to

- Institute(s) or Center for funding consideration
- Review group

Resources: [CSR – Submission and Assignment](#)

Email: csrdrr@mail.nih.gov

Tools & Resources about Study Section Assignments

- Assisted Referral Tool (ART)
- Study Section Descriptions/Guidelines (roster and meeting dates)
- Assignment Request Form

Assisted Referral Tool

The screenshot shows the Assisted Referral Tool (ART) web interface. The browser address bar displays "https://public.csr.nih.gov/ForApplicants/ArtHome". The page header includes the NIH logo and "Center for Scientific Review", the title "Assisted Referral Tool (ART)", and links for "Help" and "Disclaimer".

On the left sidebar, under "Please make a selection:", there are three radio button options:

- ☒ **Recommend study section**
You will be given a list of the best
- ☐ **Recommend SBR/STOR**
If you are applying for a SBR/STOR
- ☐ **Animal Usage?**
If your research involves animals

Below these options, a note states: "Applications are assigned for review to reviewers based on pre-determined design an application to a preferred at".

The main content area has a breadcrumb "ART Home >> SRG". Below it, a text box prompts: "Enter application text and hit the Submit button to get a list of relevant study sections. Entering the Specific Aims is highly recommended." To the right of this text is a checkbox labeled "Animal Usage?".

Below the text box is a "Title" label followed by a text input field containing the word "optional". To the right of the input field are "Sample" and "Clear" buttons.

Below the input field is a large text area for entering application text.

Below the text area, a disclaimer reads: "Terms will be weighted by frequency of appearance in the text above. The process is automated and confidential. ART does not track or store submitted text."

A blue "Submit" button is located at the bottom left of the main content area.

The footer contains the NIH logo, the text "National Institutes of Health" and "Turning Discoveries into Health", and the "USA.gov" logo.

<https://public.csr.nih.gov/ForApplicants/ArtHome>

Example of ART Recommended Study Section/IRG

Enter application text and hit the Submit button to get a list of relevant study sections. Entering the Specific Aims is highly recommended.

Title

diagnosis, fMRI-localized EEG measures and risky decision making.
 impact. By elucidating the oscillatory neural events that underlie specific patterns fMRI activity associated with high trait ISS and BD, the proposed research can identify neural targets for new treatments (e.g., non-invasive neuromodulation) for disorders such as BD that are characterized by high trait ISS, and provide biomarkers to guide interventions for young adults with high trait ISS who are at risk for these disorders (Fig. 2).

Terms will be weighted by frequency of appearance in the text above. The process is automated and confidential. ART does not track or store submitted text. Characters left: 14002

[Resubmit](#)

Relevance	SRG	IRG	Membership	Name
Strong	CF	BBBP	Roster	Cognition and Perception Study Section
Strong	SPC	IFCN	Roster	Mechanisms of Sensory, Perceptual, and Cognitive Processes Study Section
Strong	NPAS	BDCN	Roster	Neural Basis of Psychopathology, Addictions and Sleep Disorders Study Section
Strong	SPIP	RPHB	Roster	Social Psychology, Personality and Interpersonal Processes Study Section
Possible	APDA	BBBP	Roster	Adult Psychopathology and Disorders of Aging Study Section
Possible	BRLE	BBBP	Roster	Biobehavioral Regulation, Learning and Ethology Study Section
Possible	CPDD	BBBP	Roster	Child Psychopathology and Developmental Disabilities Study Section
Possible	ARM	RPHB	Roster	Addiction Risks and Mechanisms Study Section
Possible	MESH	BBBP	Roster	Biobehavioral Mechanisms of Emotion, Stress and Health Study Section

The recommendations are based on the last 3 rounds of referral data.

How to Find a Study Section, Browse



Review Branches

Review activities of the Center for Scientific Review (CSR) are organized into Review Branches (RBs). Each RB represents a cluster of study sections around a general scientific area. Applications generally are assigned first to an RB, and then to a specific study section within that RB for evaluation of scientific merit.

Chartered Study Sections

Reviews most investigator-initiated research applications (R01, R03, R21, R15, and Ks). Chartered study sections are those with both regular and temporary members.

Small Business Innovation Research and Technology Transfer Research Study Sections

Recurring special emphasis panels (SEPs) review Small Business Innovation Research (SBIR) and Technology Transfer Research applications (STTR). They include only temporary members, recruited based on expertise needed for each meeting.

Fellowship Study Sections

Recurring special emphasis panels (SEPs) review individual fellowship grant applications - F30, F31, F32, F33. Temporary members are recruited based on expertise needed for each meeting.

All Other CSR Study Sections (Special Emphasis Panel)

Other one-time or recurring Special Emphasis Panels (SEPs) are held to review applications on special topics and members conflict applications. They include only temporary members, recruited based on expertise needed for each meeting.

HIV/AIDS Research

HIV/AIDS-related grant applications are reviewed on an expedited cycle.

<https://public.csr.nih.gov/StudySections>

Assignment Request Form (ARF)

Use the ARF to:

- Make assignment suggestions (study section and institute)
- Identify potential conflicts of interest
- List areas of expertise needed to evaluate the application

You should never suggest specific reviewers

Assignment Request Form (ARF) – Con't

PHS Assignment Request Form

OMB Number: 0925-0001

Expiration Date: 2/28/2023

Funding Opportunity Number:

Funding Opportunity Title:

Awarding Component Assignment Suggestions (optional)

If you have a suggestion for an awarding component (e.g., NIH Institute/Center) assignment, use the link below to identify the appropriate short abbreviation (e.g., "NCI" for National Cancer Institute) and enter it below in the boxes for "Suggested Awarding Components". All suggestions will be considered; however, not all assignment suggestions can be honored.

Information about Awarding Component can be found here: https://grants.nih.gov/grants/pha_assignment_information.htm#AwardingComponents

Suggested Awarding Components:

Study Section Assignment Suggestions (optional)

If you have a suggestion for a study section assignment, use the link below to identify a study section(s). Enter the short abbreviation for that study section in the boxes for "Suggested Study Sections." Remove all hyphens, parentheses, and spaces. All suggestions will be considered; however, not all assignment suggestions can be honored.

For example, enter "CAMP" if you wish to suggest assignment to the NIH Cancer Molecular Pathobiology study section, or "ZRG1HDMR" if you wish to suggest assignment to the NIH Healthcare Delivery and Methodologies SBIR/STTR panel for informatics.

Information about Study Sections can be found here: https://grants.nih.gov/grants/pha_assignment_information.htm#StudySection

Suggested Study Sections:

Each entry is limited to 20 characters

Rationale for assignment suggestions (optional)

Entry is limited to 1000 characters

Scientific Review Officers (SRO)

- Recruit reviewers and assigns applications
- Manages the meeting and conflicts
- Prepares summary statements
- Provides information to NIH Institutes and Centers

Preparation

- Clearly state rationale and design of proposed investigation
- Present an organized, lucid write-up
- Clear organization-headers
- Readable and well-designed figures & tables
- Read and follow instructions
- Adequate resolution, font
- **Minimize abbreviations and acronyms**
- Complete & current references, numbers, labels, forms
- Proofread – no typos

Reviewers (without conflict)



- Each CSR standing study section (review group) has ~12-22 regular members plus temporary reviewers from the scientific community
- About 70-100 applications are reviewed by each study section in 1-2 day meetings
- Each application is assigned to at least 3 reviewers
- Follow the review criteria indicated in the Section V of the Funding Opportunity Announcement that your application is submitted through

At the Meeting: Application Discussion

- Any member in conflict with an application leaves the room
- Reviewer 1 introduces the application and presents critique
- Reviewers 2 and 3 highlight new issues and areas that significantly impact scores
- All members without a conflict are invited to join the discussion and then vote on the final overall impact score

Insider's Guide to Peer Review for Applicants



NIH Center for Scientific Review

To help new and established applicants submit better applications, CSR asked current and recent study section chairs to share their personal insights on producing a highly competitive NIH grant application. They responded with great enthusiasm.

Don't jump too fast into writing your applications: Since the most critical parts are the summary and specific aims sections, write a one-page summary page with specific aims first and share it with someone who is experienced, has their own funding or—ideally—someone who has served on a study section. If you can't see them, start again and use the time you saved to come up with some fresh ideas.

Propose something significant: It is a real turn-off to read an application that is basically a re-hash of a previous project with a new twist. The same goes for "me too" research. Identify an area of current controversy or importance within your field. Make it something that would interest more people than you and your coworkers. Will it be important to clinicians or other investigators? Are you dealing with key questions or controversies in the field?



Good ideas don't always sell themselves: Tell me why it's important up front in the background section, and I'll be ready to roll. Tell me what's known and what isn't known and how, after you complete your studies, you'll move the field forward or answer important questions. A lot of people really are unaware of how absolutely important it is to tell the reviewer from the beginning why it's worth doing. If you're seeking an incremental advance over what's known, it's essential to justify it.

Insider's Guide to Peer Review for Applicants

Advice from CSR Study Section Chairs

<http://www.csr.nih.gov/applicantResources/Insider>

Realistic Goals

- Clear, focused objectives
- Realistic aims & timelines
- Explained pitfalls & alternatives
- Support expertise (w/letters)

Significance

- Impact on and relevance to field
- Connection: present and future



Jumpstart Your Career: CSR Early Career Reviewer Program

www.csr.nih.gov/ecr

Early Career Reviewer Program Goals

- Educate qualified scientists to become future reviewers
- Expose investigators to the peer review experience to help make them more competitive as applicants
- Enrich the existing pool of NIH reviewers



What will you do as an ECR?

- Assigned 2 applications as 3rd reviewer
- Write full critiques for assigned applications
- Participate in one study section meeting

Qualifications for the Early Career Reviewer Program

Employment

- You have at least 1 year of experience as a fulltime faculty member (assistant professor) or a researcher in a similar role.

Grant & Review History

- You have not served on an NIH study section aside from being a mail reviewer.
- You have not held an R01 or equivalent grant as a PI/PD. But you have submitted an NIH grant application and received a summary statement.

Research

- You have evidence of an active, independent research program such as publications, presentations, institutional research support, patents, or experience supervising student projects.
- You have at least 2 senior-authored research publication in a peer-reviewed journal.

Enroll! Instructions at www.csr.nih.gov/ECR

Thank you for your attention!

Contact: janetta.lun@nih.gov

Reporting Bias in Peer Review

With ~1.5k meetings, ~65k apps, ~18k reviewers, ~200k critiques, mistakes will occur

For issues related to respectful interactions, bias or anything else that could affect the fairness of the review process, contact your SRO or the CSR Associate Director of Diversity & Workforce Development at G.Fosu_AssocDir@csr.nih.gov.



Gabriel Fosu, Ph.D.

Existing CSR policy regarding a potentially flawed/biased review

Assessment by CSR management – is it a flawed review?

- Yes - CSR re-reviews the application in the same council round.
- No – CSR refers PI to program officer for guidance on council appeal process

What Makes a Competitive Application?



SGM in Science: Navigating the Culture

Brian Mustanski, PhD

Director of the Institute for Sexual and Gender Minority Health and Wellbeing
Co-Director Third Coast Center for AIDS Research

 @Mustanski

NIH Sexual and Gender Minority Health Research Regional Workshop before the National LGBTQ Health Conference 2022 Chicago

Northwestern



Institute for Sexual
and Gender Minority
Health and Wellbeing



positionality

[puh-zish-uh-nal-i-tee]

Published August 23, 2018

WHAT DOES POSITIONALITY MEAN?

Positionality is the social and political context that creates your identity in terms of race, class, gender, sexuality, and ability status. *Positionality* also describes how your identity influences, and potentially [biases](#), your understanding of and outlook on the world.



WORKING LIFE

By Brian MacIsaac

Keep quiet about homophobia or open up?

I told myself on coming from a place of “yes” in it was uncharacteristic that, when my department head asked me to share my experiences of homophobia at a recent virtual diversity town hall for faculty, my first reaction was to decline. He did not know what had happened to me just the week before. I was not for a run when an SUV pulled up next to me. A young man rolled down his window, leering his head out, yelled “faggot” at me, and laughed as the SUV drove away. I said nothing. I wish I had shouted, “This kind of bullying is the reason 28% of gay teens attempt suicide” in the hope that it might help him understand the implications of his actions. But in that moment, I wasn’t Dr. MacIsaac, leader of an LGBTIQ health research institution. I was just the same Brian who had been called “fag” countless times—and had learned in such situations it was safer to keep quiet.

In my work, it’s a different story. I have dedicated my career to research advancing the health and well-being of the LGBTIQ community, including deciphering the physical and mental health effects of bullying and victimization. I talk passionately about my research to policymakers and journalists, and at public forums. Still, I push through my own experiences. I’m almost invisible. “Why would I hear about me when I can share the voices of thousands of research participants?”

Our faculty meetings are typically dedicated to announcing new grants and departmental policies, not telling harrowing personal stories. So, I asked my department head, “Why would I run share such experiences at a faculty meeting?” He offered that it might make me more easily approachable. The comment both stung and resonated. Like many minority individuals, I put up walls because that helps me to risk feeling vulnerable, which can be a loss for momentum and stress. Why would I take off that armor?

But in the end I decided to prepare as much as I could, hoping that opening up and showing my vulnerability could break us out of academic typical disempowerment and internalized discrimination about discrimination and diversity. I described how the step was pulled at me. I told a story of a conference agent in the airport refusing to give me and my three backpacks together; instead of dismissing the agent as a petty and civil action or asking to speak to his boss, I remained silent, too afraid of what could happen if I complained and had embarrassed him. It hours as a ghost and a lifetime of homophobia in prison. I shared how I was advised to hide being gay during graduate school interviews because being open



“I put up walls because that feels safer than to risk looking vulnerable.”

could risk the chance of rejection, being dismissed at academic conferences, being told not to mention the words “gay” or “lesbian” in grant applications, and having misgivings on a faculty search committee literally walk out of the room when they heard about the LGBTIQ focus of my work. Sharing these stories only took about 10 minutes, but it felt like a grueling hour.

When I finished, supportive and appreciation went down, mostly, and those chairs started to groan in and continued the sleep. One particularly dark note: “Your story was deeply moving, and I appreciate that you were willing to be vulnerable and give voice to what many can’t say.”

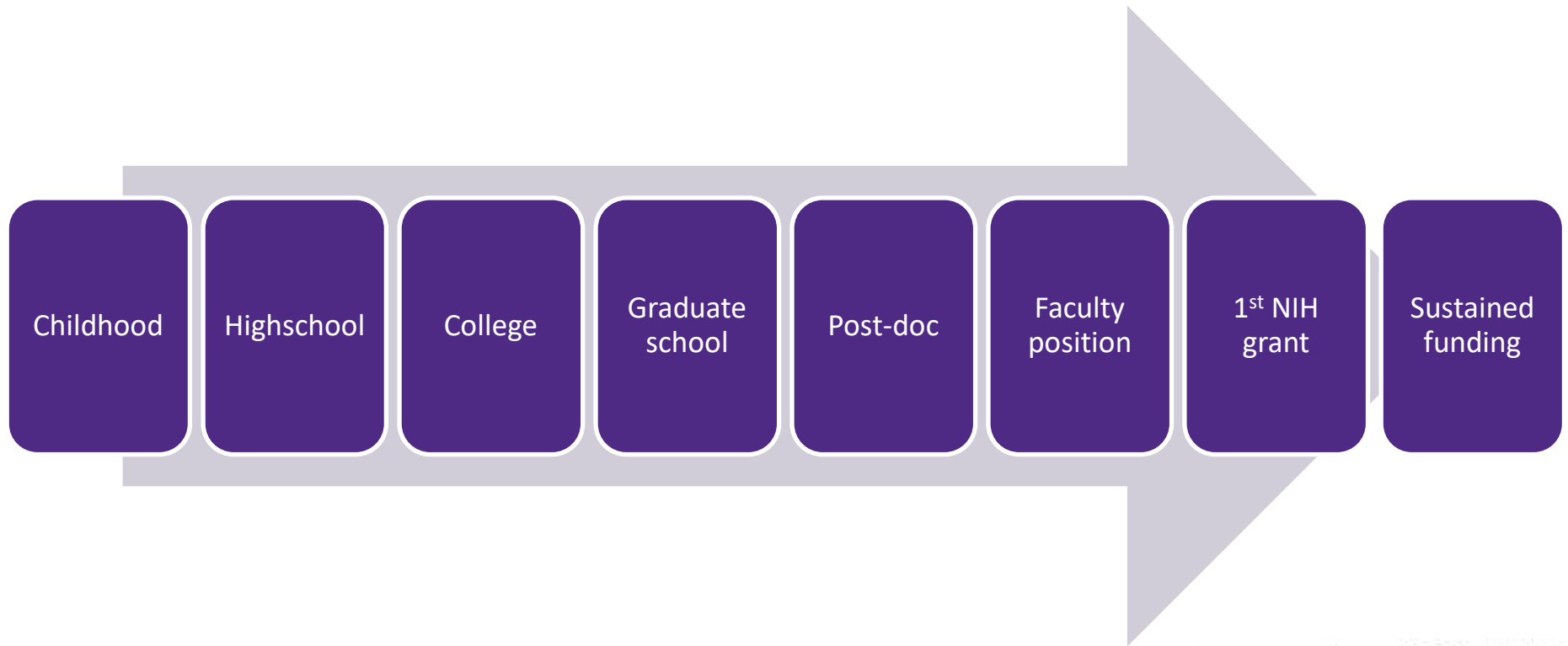
In the months since that meeting, I have had mixed feelings. I believe it is easier to ask non-minoritized people to take on the burden of educating others about the issues that plague academia and beyond. Yet I saw the increasing power of sharing vulnerability with the right audience, and I have noticed other faculty and staff feeling newly empowered to share their personal experiences. Will such inspiration be enough to advance the hard work of building structural changes to increase equity and inclusion? I honestly don’t know. But I do know that, although the young man who called me a “faggot” probably won’t read this story, the scientific community is in the—well, not—sphere of influence. And by opening up, perhaps I can help spark change.

Brian MacIsaac is a professor of medical social sciences and director of the Institute for Sexual and Gender Minority Health and Wellbeing at Northwestern University in Chicago. David was a graduate student at UC-CarenetHealthCare.org.

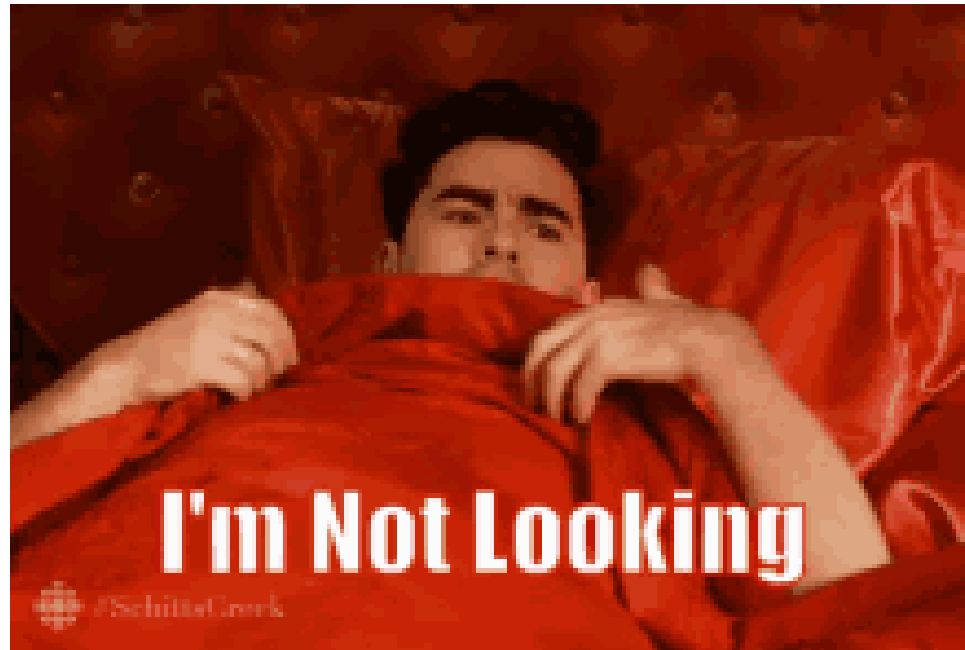
*Researcher speaking in his personal voice. What others do is outside his control.



Road to NIH-funded scientist

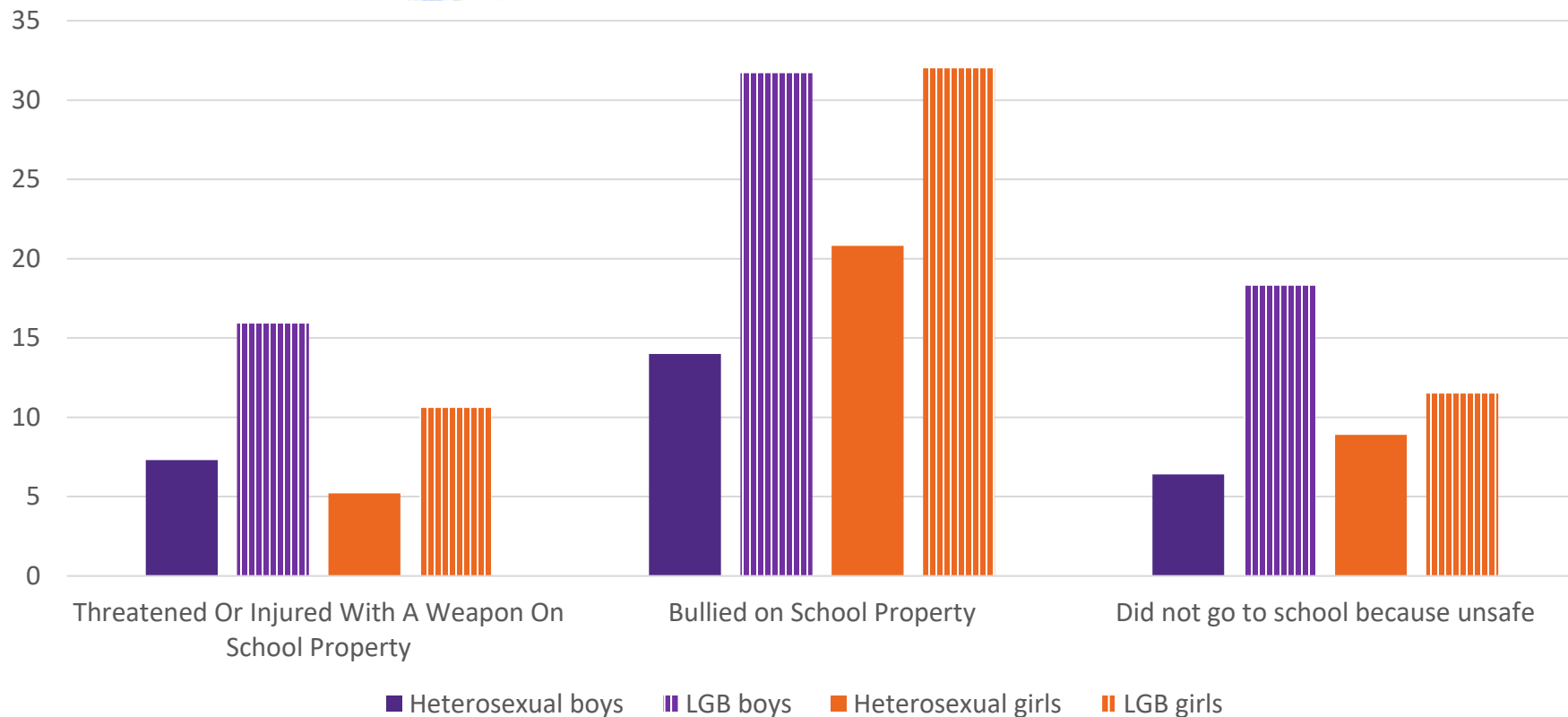


What do we know about the STEM pipeline for SGM scientists?







CDC YRBS National Data, 2019



RESEARCH ARTICLE

Identifying leaks in the STEM recruitment pipeline among sexual and gender minority US secondary students

Casey D. Xavier Hall ^{1,2}, Christine V. Wood², Manuel Hurtado ¹, David A. Moskowitz³, Christina Dyar⁴, Brian Mustanski^{1,2*}

1 Institute for Sexual and Gender Minority Health and Wellbeing, Northwestern University, Chicago, IL, United States of America, **2** Department of Medical Social Sciences, Northwestern University, Chicago, IL, United States of America, **3** Department of Public Health Sciences, The University of Chicago, Chicago, IL, United States of America, **4** College of Nursing, Ohio State University, Columbus, OH, United States of America

* brian@northwestern.edu

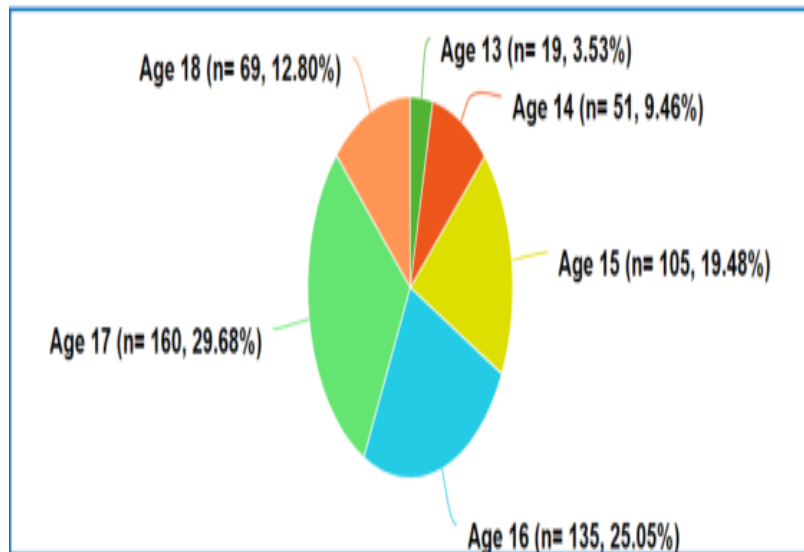


Purpose and Methodology

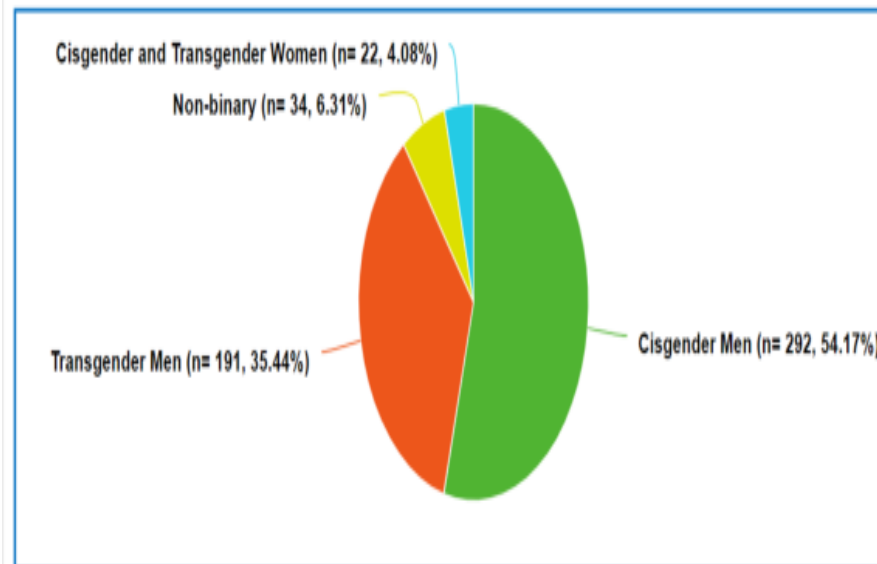
- Surveyed SGM adolescents (ages 13-18) on factors that influence STEM engagement (N=539) in the context of screening participants for the SMART HIV prevention program for teen MSM.
- Research Questions:
 - Are there differences in STEM intent across fields by gender, sex assigned at birth and sexual identity?
 - Is anti-SGM bullying related to sense of belonging in STEM classes and perception of STEM classroom environment (welcoming or hostile) among secondary school students?
 - Are sense of belonging and perceptions of STEM classroom climate associated with intent to enroll in STEM classes in SGM students?

Demographics of the Sample

Sample Size by Age

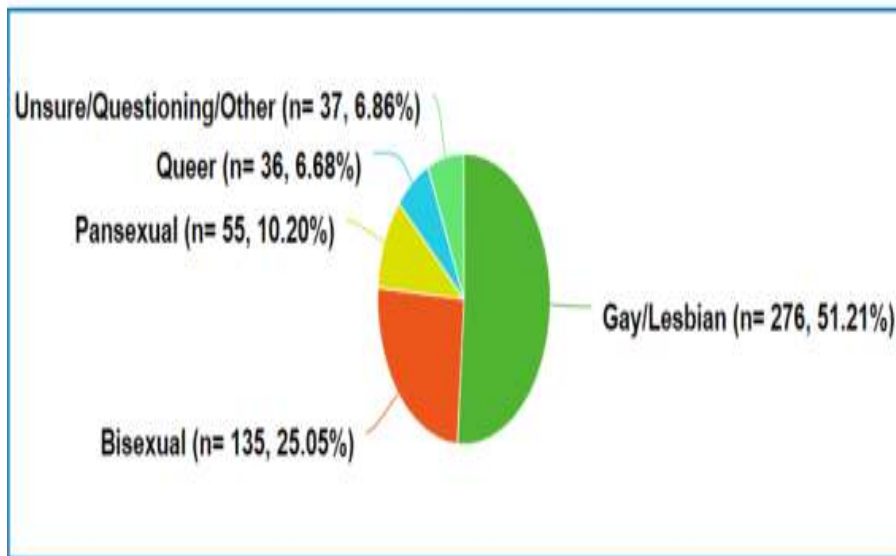


Sample Size by Gender Identity

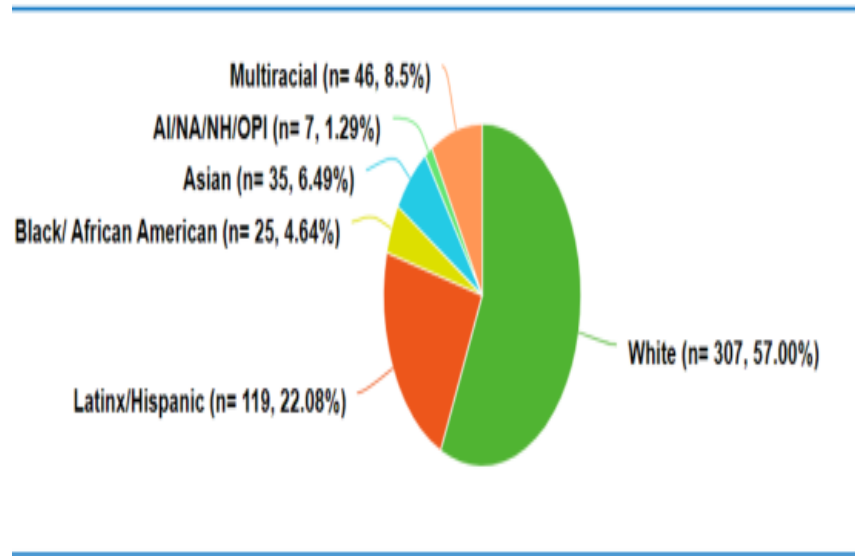


Demographics of the Sample Continued

Sample Size by Sexual Identity



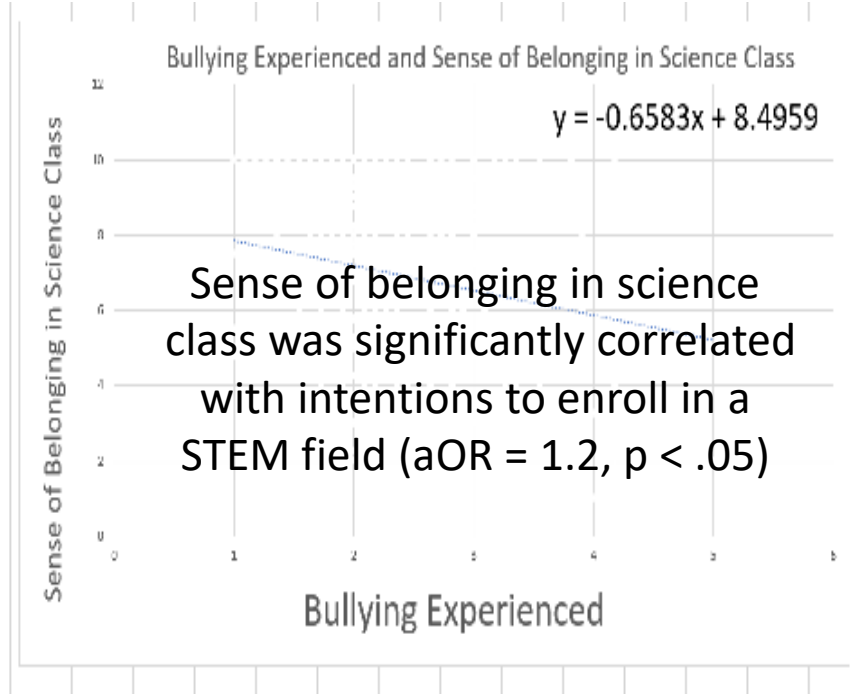
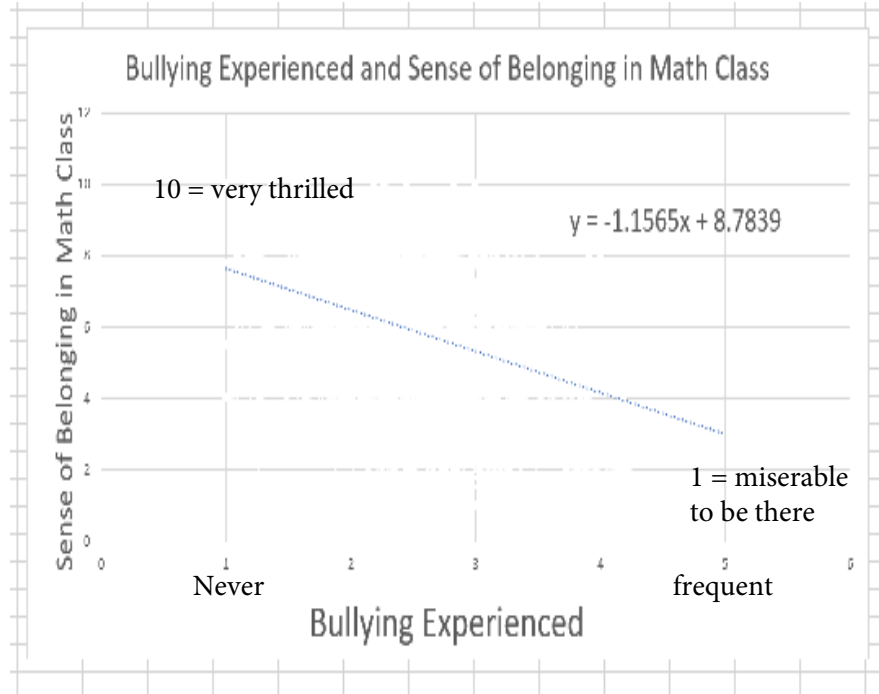
Sample Size by Race/Ethnicity



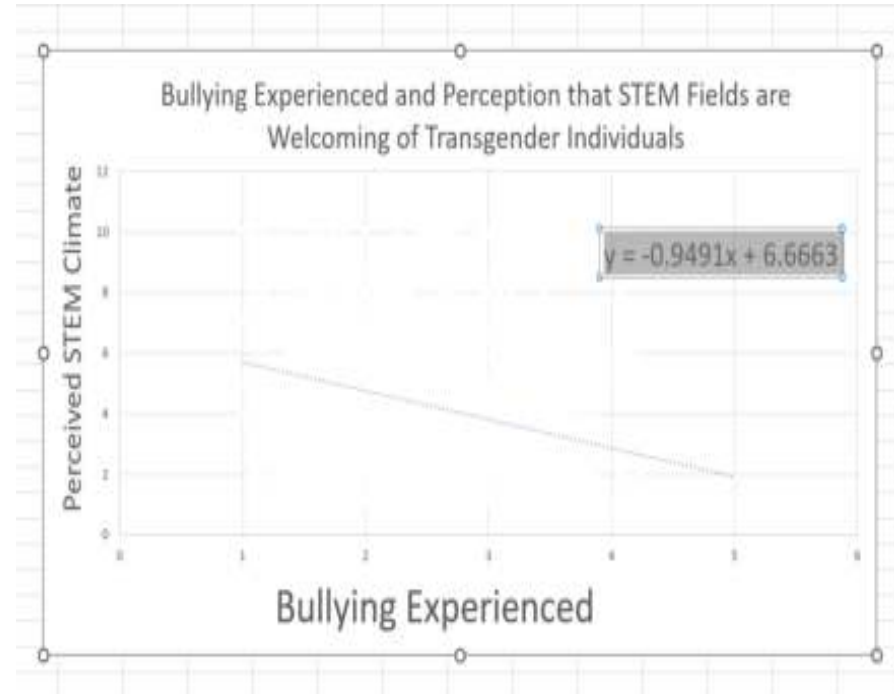
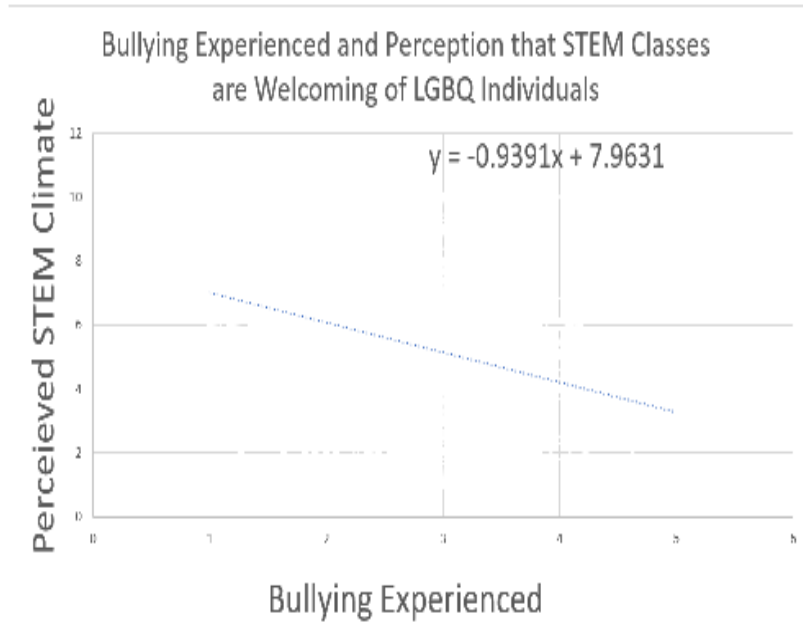
Group differences

- Cisgender and transgender women had a significantly lower sense of belonging in math class compared to cisgender men (*small cell sizes*).
- Relative to gay/lesbian participants, queer participants reported a significantly lower sense of belonging in math class
- Transgender men had significantly lower sense of belonging in STEM learning environments, and a significantly lower sense of how welcoming people in STEM fields are of LGBTQ people.
- Non-binary students had a significantly lower sense of how welcoming people in STEM fields are of LGBTQ people only.

Experiencing bullying was significantly negatively associated with sense of belonging in STEM learning environments.



Experiencing bullying was significantly negatively associated perceived STEM climate.



Intersecting the Academic Gender Gap: The Education of Lesbian, Gay, and Bisexual America

Joel Mittleman^a 

American Sociological Review

1–33

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Association 2022

DOI:10.1177/00031224221075776
journals.sagepub.com/home/asr



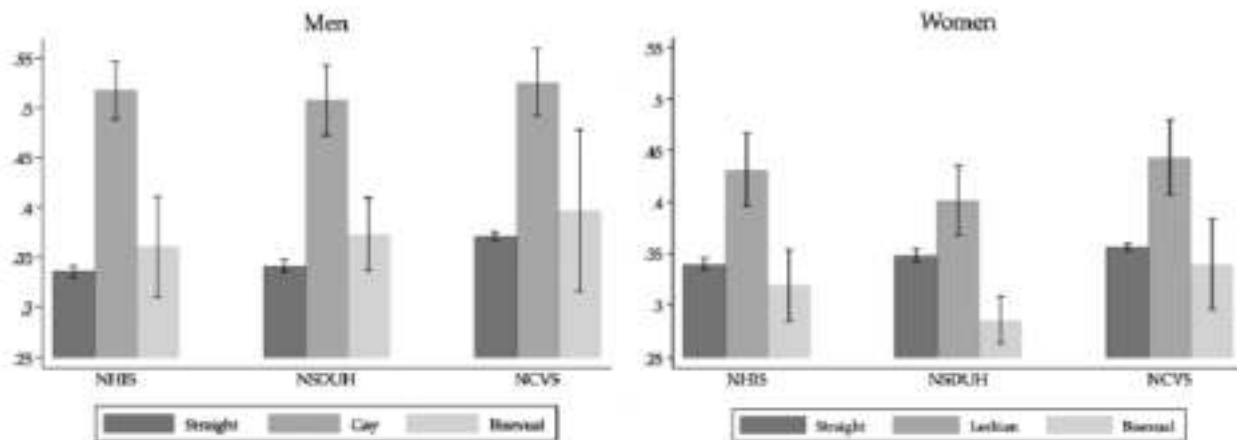
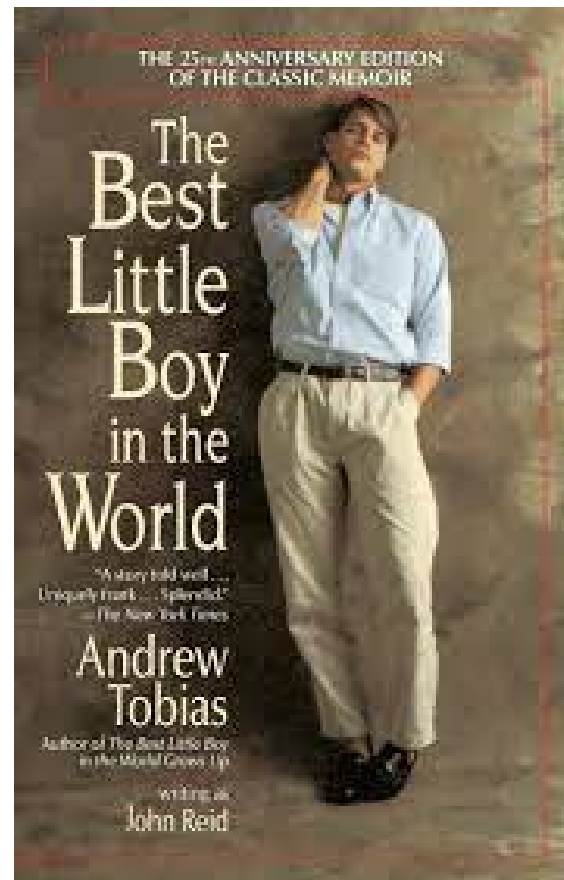


Figure 2. Bachelor's Degree Attainment by Sex and Sexuality, U.S. Adults Age 25 and Older

Note: Estimates are the average adjusted predictions calculated from the two-way interaction of sexual identity-by-sex in a survey-weighted logistic regression. Regression models also control for birth cohort, race/ethnicity, and nativity. Complete regression results are presented in the online supplement.

NHIS = National Health Interview Survey ($N = 197,277$); NSDUH = National Study of Drug Use and Health ($N = 149,189$); NCVS = National Crime Victimization Survey ($N = 141,567$).



NIH Workplace Climate and Harassment Survey

Summary Findings Report

September 2020

Prepared for the NIH Chief Officer of Scientific Workforce Diversity

Prepared by ICF Flux



diversity.nih.gov



Northwestern



Institute for Sexual
and Gender Minority
Health and Wellbeing

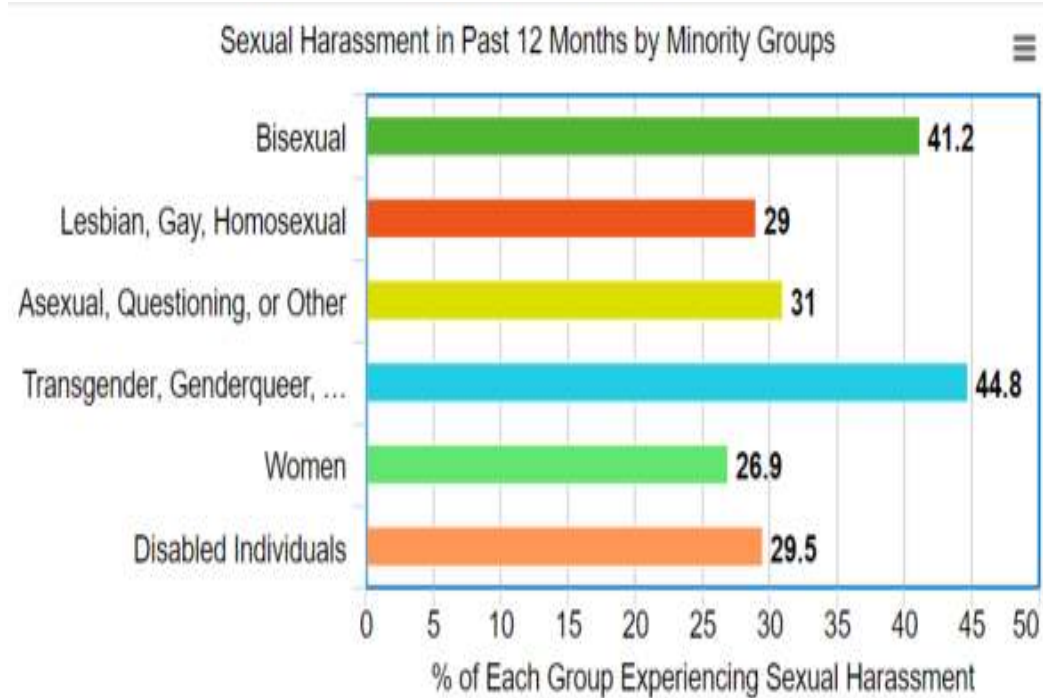
Methodology

- NIH federal employees, trainees, contractors, and volunteers (N = 15,794) completed the NIH Workplace Climate and Harassment Survey from January to March 2019
- The survey's objectives include understanding harassment and inappropriate behavior that take place at the NIH, including how frequently it occurs and who it affects.

Results: Sexual Harassment in Past Twelve Months by Group

Highest rates of experiencing sexual harassment were among individuals identifying as transgender, genderqueer, gender non-conforming, or other gender identity (44.8%) and bisexual individuals (41.2%) (NIH, 2020).

20% of straight/heterosexual individuals experienced sexual harassment, which is lower compared to sexual minority groups (NIH, 2020)



SOCIAL SCIENCES

The intersectional privilege of white able-bodied heterosexual men in STEM

Erin A. Cech

A foundational assumption of science, technology, engineering, and math (STEM) inequality research is that members of the most well represented demographic group—white able-bodied heterosexual men (WAHM)—are uniquely privileged in STEM. But is this really the case? Using survey data of U.S. STEM professionals ($N = 25,324$), this study examines whether WAHM experience better treatment and rewards in STEM compared with members of all 31 other intersectional gender, race, sexual identity, and disability status categories. Indicating systematic advantages accompanying WAHM status, WAHM experience more social inclusion, professional respect, and career opportunities, and have higher salaries and persistence intentions than STEM professionals in 31 other intersectional groups. Decomposition analyses illustrate that these advantages operate in part as premiums—benefits attached to WAHM status that cannot be attributed to variation in human capital, work effort, and other factors. These findings motivate research and policy efforts to move beyond a single axis paradigm to better understand and address intersectional (dis)advantages in STEM.

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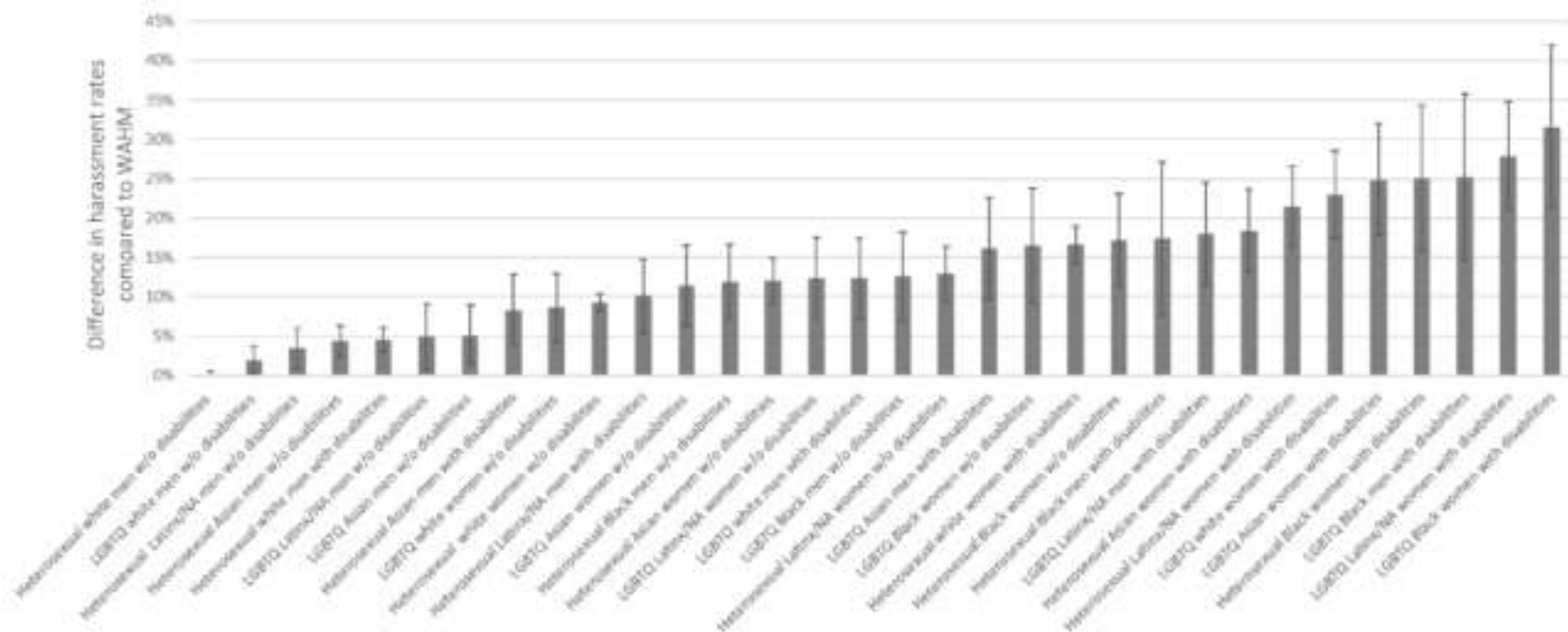


Fig. 2. Proportion of STEM professionals experiencing harassment at work in the last year, by intersectional demographic category, centered at mean for WAHM and arranged by size of differential from WAHM. Predicted rates of harassment experiences for each category, holding constant variation by STEM field, employment sector, highest education, and age. Values represent the average divergence of each group's experiences from those of WAHM. Values were produced by logistic regression models with gender \times race \times LGBTQ status \times disability status interaction terms. See the "Supplemental analysis" section in Materials and Methods for details. Error bars represent 95% confidence intervals. $N = 25,324$.

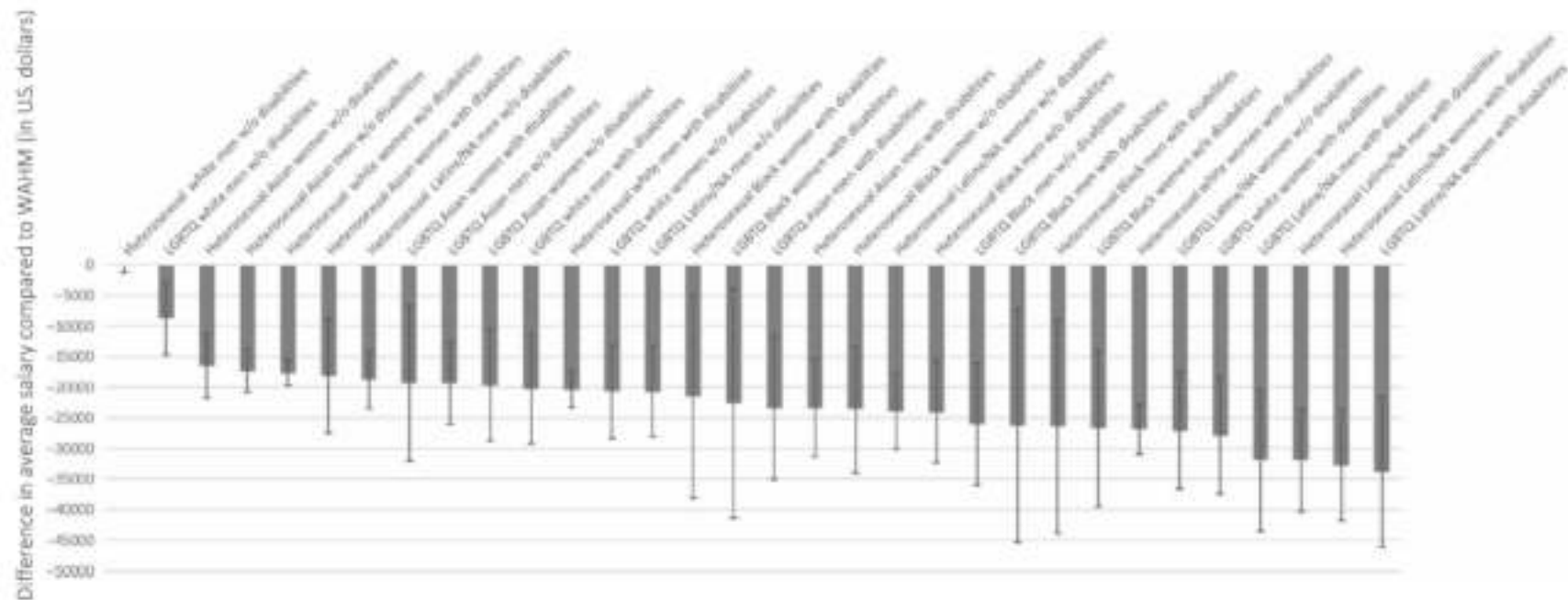


Fig. 4. Average annual salary of STEM professionals, by intersectional demographic category, centered at mean for WAHM and arranged by size of differential from WAHM. Predicted means for each category, holding constant variation by STEM field, employment sector, highest education, and age. Values represent the salary differences of each group compared to WAHM. Values were produced by OLS regression models with gender \times race \times LGBTQ status \times disability status interaction terms. See the “Supplemental analysis” section in Materials and Methods for details. Error bars represent 95% confidence intervals. $N = 25,324$.

RESEARCH ARTICLE

Nondisclosure of queer identities is associated with reduced scholarly publication rates

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Abstract

Nondisclosure of lesbian, gay, bisexual, transgender, asexual, or otherwise queer (LGBTQA) identities in the workplace is both common and stressful to those who do not disclose. However, we lack direct evidence that nondisclosure of LGBTQA identity affects worker productivity. In two surveys of LGBTQA-identified scientists, we found that those who did not disclose LGBTQA identities in professional settings authored fewer peer-reviewed publications—a concrete productivity cost. In the second survey, which included straight and cisgender participants as a comparison group, we found that LGBTQA participants who disclosed their sexual orientation had publication counts more like non-LGBTQA participants than those who did not disclose, and that all three groups had similar time since first publication given their academic career stage. These results are most consistent with a productivity cost to nondisclosure of LGBTQA identity in professional settings, and suggest a concrete need to improve scientific workplace climates for sexual and gender minorities.

OPEN ACCESS

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Navigating culture

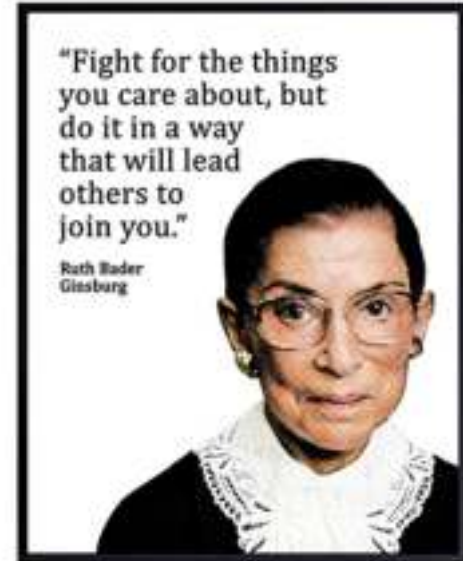
- Join and support communities of LGBTQ scientists and LGBTQ health researchers.
 - “Actively network” by reaching out to connect (e.g., attending National LGBTQ Health Conference and SIGs at other conference)
 - Organize and/or advocate for institutional support for SGM employee interest groups
 - Use these networks to investigate the policies and culture of institutions you are considering working.
- Identify and sustain professional relationships with allies.
- Build solidarity with other minoritized faculty, amplifying each others' messages and “manage” minority tax.

Navigating culture

- Be a mentee and a mentor
 - Utilize NIH SGM supplement program (I strive for 100% of my grants)
- Let's not “eat our own”
 - Excessively critical when reviewing SGM health research grant proposal and manuscript submissions
 - Pulling the ladder up behind you
 - Creating circular firing squads
 - Practicing kindness and generosity is good for your health and wellbeing
- Engage with SGM community organizations and those that support wellbeing (e.g., the arts).
- Fight imposter syndrome, turn pain into productivity, but not by overachieving at the cost of personal wellbeing

Advocating for change

- Data collection in federal surveys of graduate education and scientific workforce
- Advocating for explicit inclusion SGM people in scientific workforce diversity initiatives and pipeline programs
- Commit to and encourage ongoing institutional education, clarity in policies, and **accountability**



OK...can you end on a positive? What's great about studying LGBTQ health?

- Relative new field so you can....
 - Conduct the first study on XYZ
 - Make HUGE rather than INCREMENTAL contributions
 - Work with (some) research participants who never have had a chance to contribute their experiences to science before and appreciate the chance to share their voice.
- Community engagement and opportunity to see your work impact communities you care about
- If you are SGM identified, you can draw from your lived experience to inform and motivate your work
 - Draw from knowledge or resilience and cultural wellbeing

I  my
Sexuality

5 years
openly gay.
The best five
years of my
life.

In the box above, write who you are proud of your sexuality and why you love your sexuality. Your comments will be shared with others here on Facebook and may be included and viewed on the **Impact** website www.impactprogram.org

 **impact** The LGBT Health and Development Program
www.impactprogram.org

I  my
Sexuality

Coming out was
so freeing and
I am so happy
to be a lesbian.


In the box above, write who you are proud of your sexuality and why you love your sexuality. Your comments will be shared with others here on Facebook and may be included and viewed on the **Impact** website www.impactprogram.org

 **impact** The LGBT Health and Development Program
www.impactprogram.org

I  my
Sexuality

Because
I have a
beautiful
gf, and
I love her
😊

In the box above, write who you are proud of your sexuality and why you love your sexuality. Your comments will be shared with others here on Facebook and may be included and viewed on the **Impact** website www.impactprogram.org

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Intersectional DEI pipeline program



APPLY TODAY!

Summer Intensive Program in Intersectional BIPOC SGM-focused HIV Science

Seeking applicants enrolled in graduate or postdoctoral training programs who are Black, Indigenous, or People of Color and sexual or gender minorities.

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Dācus, Ph.D., M.S.S.W.



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Dafina Ward, J.D.

Newly Funded Postdoctoral Training Program Focuses on SGM Health and HIV

Posted on April 18, 2022

The Institute for Sexual and Gender Minority Health and Wellbeing (ISGMH) will offer a robust new postdoctoral training program in sexual and gender minority health and HIV beginning Fall 2022.

The program is funded by a T32 grant from the National Institutes of Health and will allow ISGMH to enroll three postdoctoral fellows each year for the next five years. Fellowships are two-year appointments and include primary and secondary mentorship from faculty at ISGMH and Feinberg School of Medicine, as well as across Northwestern University.

"ISGMH has always done a wonderful job of training the next generation of scholars. This T32 will allow us to deepen our commitment to training early career researchers and, through engaging with mentors located in departments across Northwestern, to expand the scope of SGM-related health topics on which trainees can build a program of research," said Michael Newcomb, Ph.D., director of ISGMH's THRIVE Center and postdoctoral training programs.

With a unique focus on translational research, the Training Program in Translational Science, HIV, and Sexual and Gender Minority Health (NU-THRIVE) builds on the goals of the THRIVE Center itself.

"Our postdocs will learn to be successful translational scientists. That means having training in each of the domains of translational science from basic science discovery, including qualitative and quantitative research methods, to taking the data from those studies to develop interventions, to then eventual implementation of interventions into the community. Postdocs will come out of the NU-THRIVE training program with knowledge of the whole translational science spectrum and will have the opportunity to specialize in two translational domains," said Newcomb.

Postdoctoral fellows in the NU-THRIVE program will gain knowledge and skills in the following eight core competencies:

1. Translational science in HIV and SGM health
2. Biopsychosocial drivers of HIV, mental health, and associated comorbidities
3. Developmental lifespan & environmental influences on HIV, mental health, and comorbidities
4. Intersectional identities, HIV, and SGM health
5. Team science skills
6. Ethics and responsible conduct of research
7. Writing, dissemination, and grantmanship
8. Professional and career development.

SEARCH

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